

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ILLINOIS REPUBLICAN PARTY

ADDRESS (number and street) ▼

P.O. BOX 64897

☐ Check if different than previously reported. (ACC)

CHICAGO

IL

60664

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00005926

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JUDY DIEKELMAN

Signature of Treasurer

JUDY DIEKELMAN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y
 11 24 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		71003.82
(b) Cash on Hand at Beginning of Reporting Period.....	299930.91	
(c) Total Receipts (from Line 19)	465703.13	2104004.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	765634.04	2175007.83
7. Total Disbursements (from Line 31)	695858.58	2105232.37
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69775.46	69775.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	167369.70	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ILLINOIS REPUBLICAN PARTY

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 16 2014

To:

 M M / D D / Y Y Y Y Y
 11 24 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

66625.00

441607.28

(ii) Unitemized

5741.00

75659.71

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

72366.00

517266.99

(b) Political Party Committees

0.00

1500.00

(c) Other Political Committees

(such as PACs).....

138765.15

500365.15

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

211131.15

1019132.14

12. Transfers From Affiliated/Other

Party Committees.....

234571.98

1002645.74

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

477.96

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

15000.00

76748.17

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

15000.00

76748.17

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

465703.13

2104004.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

450703.13

2027255.84

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	14605.44	134339.25
(ii) Non-Federal Share.....	54820.45	341555.47
(b) Other Federal Operating Expenditures	110937.19	204519.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180363.08	680414.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	25000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22561.15	22561.15
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	13258.31	24879.43
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	33083.79
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	479676.04	1319293.51
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	479676.04	1319293.51
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	695858.58	2105232.37
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	641038.13	1763676.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	211131.15	1019132.14
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211131.15	1019132.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	125542.63	338859.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	477.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	125542.63	338381.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KENNETH W ALDRIDGE

Mailing Address 844 E ROCKLAND ROAD

City

LIBERTYVILLE

State

IL

Zip Code

60048-3358

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALDRIDGE ELECTRIC, INC.

Occupation

PRESIDENT & CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. ROBERT ATHEY

Mailing Address 5943 N EAST CIR

City

CHICAGO

State

IL

Zip Code

60631

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11AI.9660

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PATRICK BACHRODT

Mailing Address 7070 CHERRYVALE NORTH BOULEVARD

City

ROCKFORD

State

IL

Zip Code

61112-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

LOU BACHRODT CHEVROLET

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9716

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

13000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VICTOR BOTH

Mailing Address 10563 S LONGWOOD DRIVE

City
CHICAGOState
ILZip Code
60643-2615FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.9730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR. MANDAN BOZORGI

Mailing Address 1351 E WESTLEIGH RD

City
LAKE FORESTState
ILZip Code
60045FEC ID number of contributing
federal political committee.

C

Name of Employer

MAGNA HEALTH SYSTEMS

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9722

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. JACK A BUZBEE

Mailing Address 200 E DOUGLAS STREET

City
DE SOTOState
ILZip Code
62924-1512FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

2600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARLES P CAREY

Mailing Address 604 52ND PL

City State Zip Code
 WESTERN SPRINGS IL 60558

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9803

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. RICHARD COLBURN

Mailing Address 555 SKOKIE BOULEVARD
 SUITE 555

City State Zip Code
 NORTHBROOK IL 60062-2854

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROLLED ALLOYS MGMT. SERVICES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.9560

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. DAVID DOMEK

Mailing Address 411 RIDGE LN

City State Zip Code
 LAKE IN THE HILLS IL 60156

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOMEK LOGISTICS

Occupation

LOGISTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.9599

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

11750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 205

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MIKE DOMEK

Mailing Address 265 EXCHANGE DR
STE 201

City	State	Zip Code
CRYSTAL LAKE	IL	60014

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.9718

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CYRUS F. FREIDHAM JR.

Mailing Address 11105 OLD HARBOUR RD.

City	State	Zip Code
NORTH PALM BEACH	FL	33408

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.9856

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. MR. MARK GOLD

Mailing Address 2020 N LINCOLN PARK W
UNIT 38 E

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOP THIRD AG MARKETING

Occupation

COMMODITY BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA11AI.9697

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

8000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 205
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HABEEB G HABEEB

Mailing Address 1614 ENGLISH OAK DRIVE

City
CHAMPAIGN

State Zip Code
IL 61822-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer
BENEFIT PLANNING CNSLTS.

Occupation
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9836

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAEL D HEILMANN

Mailing Address 5S324 MIDDLE ROAD

City
NAPERVILLE

State Zip Code
IL 60563-8511

FEC ID number of contributing
federal political committee.

C

Name of Employer
WI-TRONIX, LLC

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.9607

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. DAVID G HILL

Mailing Address 5431 N. KILDARE

City
CHICAGO

State Zip Code
IL 60630

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9808

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DAVID D HILLER

Mailing Address 1550 N STATE PARKWAY
APT. 301

City State Zip Code
CHICAGO IL 60610-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROBERT R. MCCORMACK FOUNDATION

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11AI.9840

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SUZANNE JONES

Mailing Address 6020 ARBOR LN
#303

City State Zip Code
NORTHFIELD IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9601

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MR. FRANK L KARKAZIS

Mailing Address 1665 DUFFY LN

City State Zip Code
BANNOCKBURN IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.9706

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RONALD KRAMER

Mailing Address 2970 N LAKE SHORE DRIVE
APT. 6B

City State Zip Code
CHICAGO IL 60657-5783

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEYFARTH SHAW

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : SA11AI.9846

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JAMES A LANGAN

Mailing Address 306 WOODLEY RD

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing
federal political committee.

C

Name of Employer

KIRKLAND ELLIS LLP

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9850

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERNON LOUCKS JR

Mailing Address 1101 SKOKIE BLVD
#240

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EDWARD A LOUIS

Mailing Address 645 N WREN AVENUE

City

PALATINE

State

IL

Zip Code

60067-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9609

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. PETER ORUM

Mailing Address PO BOX 748

City

ST CHARLES

State

IL

Zip Code

60174-0748

FEC ID number of contributing
federal political committee.

C

Name of Employer

MIDWEST GROUNDCOVERS LLC

Occupation

NURSERY FARMER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9725

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. FAY PLEDGER

Mailing Address 110 S EVERGREEN AVENUE
APT. 6ES

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60005-1949

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTHROP GRUMMAN, INC.

Occupation

EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 19 / 2014

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DAPHNE RODRIGUEZ

Mailing Address 3413 OWENS LN

City

DEKALB

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. NITZET RODRIGUEZ

Mailing Address 3413 OWENS LN

City

DEKALB

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.9814

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MS. ELIZABETH SCHEINFELD

Mailing Address 107 SOUTH AVENUE

City

GLENCOE

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKLEDGE CAPITAL CORP

Occupation

BUSINESSWOMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.9810

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM H. SENGER

Mailing Address 411 N. MARKET ST.

City
GRAFTON

State Zip Code
IL 62037-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST EFFORTS

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9668

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOHN STACK

Mailing Address 2906 LINCOLN STREET

City
EVANSTON

State Zip Code
IL 60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9675

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR. ANDREW A. SZCZAWINSKI

Mailing Address 2326 N 74TH PLACE CT

City
ELMWOOD PARK

State Zip Code
IL 60707-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.9625

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EDMUND THORNTON

Mailing Address PO BOX 1

City
OTTAWA

State
IL

Zip Code
61350-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

EDMUND THORNTON FOUNDATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 02 / 2014

Transaction ID : SA11AI.9763

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. FRED VERDE

Mailing Address 825 CHASE AVE

City

ELK GROVE VILLAGE

State

IL

Zip Code

60007

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVS MARKETING

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9724

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. TOM WAKE

Mailing Address PO BOX 3067

City

NAPERVILLE

State

IL

Zip Code

60566

FEC ID number of contributing
federal political committee.

C

Name of Employer

EBY-BROWN

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9603

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CHARLES T WEGNER IV

Mailing Address PO BOX 262

City

WEST CHICAGO

State

IL

Zip Code

60186

FEC ID number of contributing
federal political committee.

C

Name of Employer

JELSERT

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.9805

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

66625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City	State	Zip Code
SCHAUMBURG	IL	60173

FEC ID number of contributing federal political committee.

C C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA11C.9852

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BILL PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

C C00412288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 01 / 2014

Transaction ID : SA11C.9586

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 600 CORPORATE PARK DRIVE

City	State	Zip Code
ST. LOUIS	MO	63105

FEC ID number of contributing federal political committee.

C C00219642

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11C.9783

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial)
INTERNATIONAL FRANCHISE ASSOCIATION FRANCHISING POLITICAL ACTION COMMITTEE INC

Mailing Address 1900 K STREET NW
SUITE 700

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee. **C** C00084491

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.9834

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
PCS ADMINISTRATION (USA), INC. (ALSO KNOWN AS 'POTASHCORP') PAC

Mailing Address 1101 SKOKIE BOULEVARD
SUITE 400

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing
federal political committee. **C** C00385039

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11C.9827

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
RANDY HULTGREN FOR CONGRESS

Mailing Address PO BOX 717

City State Zip Code
ST CHARLES IL 60174

FEC ID number of contributing
federal political committee. **C** C00467522

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
75000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.9587

Amount of Each Receipt this Period

25000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RANDY HULTGREN FOR CONGRESS

Mailing Address PO BOX 717

City

ST CHARLES

State

IL

Zip Code

60174

FEC ID number of contributing
federal political committee.

C

C00467522

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

76250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11C.9853

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. BOX 713

City

WHEATON

State

IL

Zip Code

60187

FEC ID number of contributing
federal political committee.

C

C00330043

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11C.9680

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

C. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City

PEORIA

State

IL

Zip Code

61612

FEC ID number of contributing
federal political committee.

C

C00437756

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

32000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11C.9758

Amount of Each Receipt this Period

32000.00

SUBTOTAL of Receipts This Page (optional)..... ►

43250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SCHOCK FOR CONGRESS

Mailing Address PO BOX 10555

City
PEORIA

State Zip Code
IL 61612

FEC ID number of contributing
federal political committee.

C C00437756

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42000.00

Date of Receipt

10 / **20** / **2014**

Transaction ID : SA11C.9558

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. SENGER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State Zip Code
IL 60567

FEC ID number of contributing
federal political committee.

C C00544734

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68550.00

Date of Receipt

10 / **20** / **2014**

Transaction ID : SA11C.9828

Amount of Each Receipt this Period

21650.00

Full Name (Last, First, Middle Initial)

C. SENGER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State Zip Code
IL 60567

FEC ID number of contributing
federal political committee.

C C00544734

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

71550.00

Date of Receipt

10 / **22** / **2014**

Transaction ID : SA11C.9830

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

34650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State Zip Code
IL 62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91360.00

Date of Receipt

10 / **29** / **2014**

Transaction ID : SA11C.9868

Amount of Each Receipt this Period

12160.00

TRAVEL STIPEND GIFT CARDS

Full Name (Last, First, Middle Initial)

B. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City
COLLINSVILLE

State Zip Code
IL 62234

FEC ID number of contributing
federal political committee.

C C00258855

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92565.15

Date of Receipt

11 / **04** / **2014**

Transaction ID : SA11C.9870

Amount of Each Receipt this Period

1205.15

EVENT RENTAL/CATERING SERVICES

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

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13365.15

138765.15

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FOR LINE NUMBER: PAGE 23 OF 205

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SAMINA AHMAD

Mailing Address 24 CARDINAL DR

City	State	Zip Code
MURPHYSBORO	IL	62966

FEC ID number of contributing federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA12.9899

Amount of Each Receipt this Period

2500.00

ILLINOIS MAJORITY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ILLINOIS MAJORITY FUND; THE

Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219

FEC ID number of contributing federal political committee.

C C00566646

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24424.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA12.9895

Amount of Each Receipt this Period

11485.86

JOINT FUNDRAISING COMMITTEE: SEE MEMO ENTRIES

Full Name (Last, First, Middle Initial)

C. ILLINOIS MAJORITY FUND; THE

Mailing Address PO BOX 9891

City	State	Zip Code
ARLINGTON	VA	22219

FEC ID number of contributing federal political committee.

C C00566646

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

27401.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

Transaction ID : SA12.9896

Amount of Each Receipt this Period

2976.12

JOINT FUNDRAISING COMMITTEE: SEE MEMO ENTRIES

SUBTOTAL of Receipts This Page (optional)..... ►

14461.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ZAHOOOR MAKHDOOM

Mailing Address 1220 DA CLA MAR CT

City State Zip Code
CARBONDALE IL 62901

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN IL GI SPECIALISTS LLC

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.9901

Amount of Each Receipt this Period

10000.00

ILLINOIS MAJORITY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. BRAD MCMILLIN

Mailing Address 1415 W HWY 50

City State Zip Code
O'FALLON IL 62269

FEC ID number of contributing
federal political committee.

C

Name of Employer
BELTONE HEARING AID CENTER

Occupation
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.9903

Amount of Each Receipt this Period

500.00

ILLINOIS MAJORITY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SA12.9915

Amount of Each Receipt this Period

80000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 205

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437000.00

Date of Receipt

10 / **22** / **2014**

Transaction ID : SA12.9916

Amount of Each Receipt this Period

30000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459000.00

Date of Receipt

10 / **28** / **2014**

Transaction ID : SA12.9919

Amount of Each Receipt this Period

22000.00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00075820

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469000.00

Date of Receipt

11 / **03** / **2014**

Transaction ID : SA12.9921

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. GEORGE OBERNAGLE III

Mailing Address 4 COUNTRY LAKES LN

City
WATERLOO

State Zip Code
IL 62298

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA12.9905

Amount of Each Receipt this Period

100.00

ILLINOIS MAJORITY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. KIMBERLY OELZE

Mailing Address PO BOX 325

City
NASHVILLE

State Zip Code
IL 62263

FEC ID number of contributing
federal political committee.

C

Name of Employer

OELZE EQUIP. LLC

Occupation

INDEPENDENT OIL PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SA12.9907

Amount of Each Receipt this Period

500.00

ILLINOIS MAJORITY FUND

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 1ST STREET SE

City
WASHINGTON

State Zip Code
DC 20003-1885

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506244.63

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SA12.9923

Amount of Each Receipt this Period

78110.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

78110.00

234571.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 205

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SENER FOR CONGRESS

Mailing Address PO BOX 4883

City
NAPERVILLE

State Zip Code
IL 60567

FEC ID number of contributing
federal political committee.

C C00544734

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76550.00

Date of Receipt

11 / **18** / **2014**

Transaction ID : SA16.9925

Amount of Each Receipt this Period

5000.00

CONTRIBUTION REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. AMERICAN AIRLINES

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.9265

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

337.20

B. AMERICAN AIRLINES

Transaction ID : SB21B.9236

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

C. AMERICAN AIRLINES

Three digital displays showing the date 10/20/2014 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '20' for the day, and the third shows '2014' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.9237

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

227.10

730.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9238

Amount of Each Disbursement this Period

390.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9239

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9240

Amount of Each Disbursement this Period

393.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1176.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9241

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9242

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9243

Amount of Each Disbursement this Period

393.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1179.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9244

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9245

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9246

Amount of Each Disbursement this Period

393.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1179.60

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9247

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9248

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9249

Amount of Each Disbursement this Period

393.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1179.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9250

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9251

Amount of Each Disbursement this Period

393.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9252

Amount of Each Disbursement this Period

398.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1184.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9253

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9254

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9255

Amount of Each Disbursement this Period

398.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1194.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9256

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9257

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9258

Amount of Each Disbursement this Period

398.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1194.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9259

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9260

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9261

Amount of Each Disbursement this Period

398.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1194.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9262

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9263

Amount of Each Disbursement this Period

418.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City State Zip Code
FORT WORTH TX 76155
Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9264

Amount of Each Disbursement this Period

418.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1234.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014
Transaction ID : SB21B.9234

Amount of Each Disbursement this Period

498.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014
Transaction ID : SB21B.9235

Amount of Each Disbursement this Period

530.20

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : SB21B.9233

Amount of Each Disbursement this Period

498.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1526.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SB21B.9231

Amount of Each Disbursement this Period

570.20

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD. MD 2400

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SB21B.9232

Amount of Each Disbursement this Period

570.20

Full Name (Last, First, Middle Initial)

C. CHICAGO CLUB

Mailing Address 81 E VAN BUREN ST

City CHICAGO State IL Zip Code 60605

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : SB21B.9551

Amount of Each Disbursement this Period

4113.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5253.80

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. COURTYARD MARRIOTT CHICAGO

Mailing Address 30 E HUBBARD STREET

City	State	Zip Code
CHICAGO	IL	60611

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9278

Amount of Each Disbursement this Period

604.12

Full Name (Last, First, Middle Initial)

B. COURTYARD MARRIOTT NAPERVILLE

Mailing Address 1155 E DIEHL ROAD

City	State	Zip Code
NAPERVILLE	IL	60563

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SB21B.9281

Amount of Each Disbursement this Period

1105.14

Full Name (Last, First, Middle Initial)

C. COURTYARD MARRIOTT NAPERVILLE

Mailing Address 1155 E DIEHL ROAD

City	State	Zip Code
NAPERVILLE	IL	60563

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Transaction ID : SB21B.9280

Amount of Each Disbursement this Period

2888.16

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4597.42

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9294

Amount of Each Disbursement this Period

545.20

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9295

Amount of Each Disbursement this Period

545.20

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9296

Amount of Each Disbursement this Period

545.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1635.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9297

Amount of Each Disbursement this Period

545.20

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9298

Amount of Each Disbursement this Period

545.20

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9299

Amount of Each Disbursement this Period

545.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1635.60

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. DELTA AIR LINES

Date of Disbursement

Transaction ID : SB21B.9288

Amount of Each Disbursement this Period

337.25

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

B. DELTA AIR LINES

Date of Disbursement

Transaction ID : SB21B.9289

Amount of Each Disbursement this Period

337.25

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

C. DELTA AIR LINES

Date of Disbursement

Transaction ID : SB21B.9290

Amount of Each Disbursement this Period

337.25

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Age Group	Percentage
18-24	10.11
25-34	10.11
35-44	10.11
45-54	10.11
55-64	10.11
65-74	10.11
75+	10.11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. DELTA AIR LINES

Date of Disbursement

Transaction ID : SB21B.9291

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DELTA AIR LINES

Date of Disbursement

City	State	Zip Code
ATLANTA	GA	30354

Transaction ID : SB21B.9292

Purpose of Disbursement	TRAVEL: AIR
-------------------------	-------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. DELTA AIR LINES

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
ATLANTA	GA	30354

Transaction ID : SB21B.9293

Purpose of Disbursement	TRAVEL: AIR
-------------------------	-------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1034.90

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement	TRAVEL: AIR
-------------------------	-------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9286

Amount of Each Disbursement this Period

337.25

B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD.

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement	TRAVEL: AIR
-------------------------	-------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 05 2014

Transaction ID : SB21B.9287

Amount of Each Disbursement this Period

337.25

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.9321

Amount of Each Disbursement this Period

511.02

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1185.52

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. ENTERPRISE RENT-A-CAR

Date of Disbursement

Three date pickers are shown, each with a label above it: 'MM', 'DD', and 'YYYY'. The first picker shows '11', the second shows '07', and the third shows '2014'. The pickers are separated by slashes, indicating a date format of MM/DD/YYYY.

Transaction ID : SB21B.9314

Amount of Each Disbursement this Period

309.89

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

B. ENTERPRISE RENT-A-CAR

Date of Disbursement



Transaction ID : SB21B.9315

Amount of Each Disbursement this Period

427.02

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. ENTERPRISE RENT-A-CAR

Date of Disbursement

Transaction ID : SB21B.9316

Amount of Each Disbursement this Period

433.55

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1170.46

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9317

Amount of Each Disbursement this Period

545.41

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9318

Amount of Each Disbursement this Period

638.14

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9319

Amount of Each Disbursement this Period

644.22

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1827.77

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9320

Amount of Each Disbursement this Period

746.72

Full Name (Last, First, Middle Initial)

B. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9310

Amount of Each Disbursement this Period

277.55

Full Name (Last, First, Middle Initial)

C. ENTERPRISE RENT-A-CAR

Mailing Address 4940 RIVER ROAD

City	State	Zip Code
SCHILLER PARK	IL	60176

Purpose of Disbursement
TRAVEL: CAR RENTAL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9311

Amount of Each Disbursement this Period

348.69

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1372.96

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. ENTERPRISE RENT-A-CAR

Date of Disbursement

Transaction ID : SB21B.9312

Amount of Each Disbursement this Period

424.85

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

B. ENTERPRISE RENT-A-CAR

Date of Disbursement



Transaction ID : SB21B.9313

Amount of Each Disbursement this Period

755.90

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

C. FAIRFIELD INN MOLINE

Date of Disbursement

Transaction ID : SB21B.9332

Amount of Each Disbursement this Period

117.52

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

1298.27

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City	State	Zip Code
MOLINE	IL	61265

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9333

Amount of Each Disbursement this Period

Response	Percentage of respondents
U.S. should take more action to reduce global warming	117.52

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City	State	Zip Code
MOLINE	IL	61265

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
11 03 2014

Transaction ID : SB21B.9334

Amount of Each Disbursement this Period

117.52

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City	State	Zip Code
MOLINE	IL	61265

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : SB21B.9327

Amount of Each Disbursement this Period

587.60

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

822.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City MOLINE	State IL	Zip Code 61265
----------------	-------------	-------------------

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : SB21B.9328

Amount of Each Disbursement this Period

587.60

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City MOLINE	State IL	Zip Code 61265
----------------	-------------	-------------------

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : SB21B.9329

Amount of Each Disbursement this Period

587.60

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City MOLINE	State IL	Zip Code 61265
----------------	-------------	-------------------

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : SB21B.9330

Amount of Each Disbursement this Period

587.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1762.80

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. FAIRFIELD INN MOLINE

Date of Disbursement

Transaction ID : SB21B.9323

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

B. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

Date of Disbursement

City	State	Zip Code
MOLINE	IL	61265

Transaction ID : SB21B.9324

Purpose of Disbursement
TRAVEL: LODGING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

Date of Disbursement

City	State	Zip Code
MOLINE	IL	61265

Transaction ID : SB21B.9325

Purpose of Disbursement
TRAVEL: LODGING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

352.56

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. FAIRFIELD INN MOLINE

Mailing Address 2705 48TH AVE

City	State	Zip Code
MOLINE	IL	61265

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9326

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~10%
25-34	~15%
35-44	~20%
45-54	~25%
55-64	~30%
65-74	117.52
75-84	~10%
85+	~5%

Full Name (Last, First, Middle Initial)

B. FLS CONNECT, LLC

Mailing Address 7300 HUDSON BLVD., N

City	State	Zip Code
SAINT PAUL	MN	55128

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9543

Amount of Each Disbursement this Period

2731.00

Full Name (Last, First, Middle Initial)

C. HAMPTON INN

Mailing Address 3185 S DIRKSEN PKWY

City	State	Zip Code
SPRINGFIELD	IL	62703

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9336

Amount of Each Disbursement this Period

6678.56

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

9527.08

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. HOLIDAY INN GURNEE

Category/
Type

493.95

State: District:

B. HOLIDAY INN GURNEE

Category/
Type

493.95

State: District:

C. HOLIDAY INN GURNEE

Category/
Type

683.34

State: District:

1671.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9341

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9342

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9343

Amount of Each Disbursement this Period

683.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2050.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9344

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9345

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9346

Amount of Each Disbursement this Period

683.34

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2050.02

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9347

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN GURNEE

Mailing Address 6161 W GRAND AVE

City	State	Zip Code
GURNEE	IL	60031

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9348

Amount of Each Disbursement this Period

683.34

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SB21B.9365

Amount of Each Disbursement this Period

101.70

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1468.38

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9366

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

101.70

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9367

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

101.70

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9362

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

508.50

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

711.90

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
Type**Transaction ID : SB21B.9363**

Amount of Each Disbursement this Period

610.20

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
Type**Transaction ID : SB21B.9351**

Amount of Each Disbursement this Period

203.40

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Category/
Type**Transaction ID : SB21B.9352**

Amount of Each Disbursement this Period

508.50

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1322.10

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9353

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

711.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9354

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

711.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9355

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

711.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2135.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9356

Amount of Each Disbursement this Period

711.90

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9357

Amount of Each Disbursement this Period

711.90

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Mailing Address 313 SALEM PL

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SB21B.9358

Amount of Each Disbursement this Period

711.90

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2135.70

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9359

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

711.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9360

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

711.90

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9361

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

1220.26

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2644.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN ST. LOUIS/FAIRVIEW HEIGHTS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Mailing Address 313 SALEM PL

Transaction ID : SB21B.9350

City	State	Zip Code
FAIRVIEW HEIGHTS	IL	62208

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

101.70

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. HOTEL DEL CORONADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

Mailing Address 1500 ORANGE AVE

Transaction ID : SB21B.9370

Amount of Each Disbursement this Period

City	State	Zip Code
CORONADO	CA	92118

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

399.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. HOTEL DEL CORONADO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address 1500 ORANGE AVE

Transaction ID : SB21B.9369

Amount of Each Disbursement this Period

City	State	Zip Code
CORONADO	CA	92118

Purpose of Disbursement
TRAVEL: LODGINGCategory/
Type

219.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

719.70

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. HOTELS.COM

Mailing Address 5400 LBJ FREEWAY, SUITE 500

City	State	Zip Code
DALLAS	TX	75240

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SB21B.9371

Amount of Each Disbursement this Period

4137.59

Full Name (Last, First, Middle Initial)

B. LISA WAGNER & CO

Mailing Address PO BOX 446

City	State	Zip Code
BATAVIA	IL	60510

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		18		2014

Transaction ID : SB21B.9385

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SB21B.9451

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6672.59

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.9452

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.9453

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Date of Disbursement

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : SB21B.9454

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

105.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9396

Amount of Each Disbursement this Period

8.46

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9397

Amount of Each Disbursement this Period

20.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9398

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48.46

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9399

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9400

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9401

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 205

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9402

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9403

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9404

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9405

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9406

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9407

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Date of Disbursement

Transaction ID : SB21B.9408

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	32.00
25-34	28.00
35-44	25.00
45-54	20.00
55-64	15.00
65-74	10.00
75-84	8.00
85+	5.00

B. MACNAIR TRAVEL AGENCY

Date of Disbursement

Transaction ID : SB21B.9409

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

35.00

C. MACNAIR TRAVEL AGENCY

Date of Disbursement

Transaction ID : SB21B.9410

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

35.00

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9411

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9412

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9413

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9414

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9415

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9416

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9417

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9418

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9419

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9420

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9421

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9422

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	105.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9423

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9424

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	32.00
25-34	28.00
35-44	25.00
45-54	20.00
55-64	15.00
65-74	10.00
75-84	8.00
85+	5.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9425

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

105.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9426

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

10 / 20 / 2014

Transaction ID : SB21B.9427

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9428

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	105.00%

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.9429

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

Transaction ID : SB21B.9430

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Date of Disbursement

Three digital displays showing the date 10/20/2014 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '20' for the day, and the third shows '2014' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.9431

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	105.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.9432

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.9433

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement	TRAVEL: TRANSACTION FEE
-------------------------	-------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/20/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '20' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.9434

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Age Group	Percentage
18-24	105.00
25-34	~95.00
35-44	~85.00
45-54	~75.00
55-64	~65.00
65-74	~55.00
75-84	~45.00
85+	~35.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9435

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9436

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9437

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9438

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9439

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9440

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9441

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9442

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9443

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

ILLINOIS REPUBLICAN PARTY

A. MACNAIR TRAVEL AGENCY

Date of Disbursement

Transaction ID : SB21B.9444

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

35.00

B. MACNAIR TRAVEL AGENCY

Date of Disbursement

Transaction ID : SB21B.9445

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

Category	Value
Did not go to the beach	35.00

C. MACNAIR TRAVEL AGENCY

Date of Disbursement

Three digital displays showing the date 10/23/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '23' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.9394

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 23 2014
Transaction ID : SB21B.9395

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : SB21B.9393

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : SB21B.9391

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 205

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : SB21B.9392

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2014
Transaction ID : SB21B.9387

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2014
Transaction ID : SB21B.9388

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 205

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014
Transaction ID : SB21B.9389

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

B. MACNAIR TRAVEL AGENCY

Mailing Address 1101 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014
Transaction ID : SB21B.9390

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

C. MB FINANCIAL

Mailing Address 800 WEST MADISON STREET

City CHICAGO State IL Zip Code 60607

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : SB21B.9464

Amount of Each Disbursement this Period

1087.99

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1157.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MB FINANCIAL

Category/
Type

1805.48

State: District:

B. PIRYX

Category/
Type

State: District:

1.06

C. PIRYX

Category/
Type

State: District:

2.12

1808.66

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. PIRYX

Mailing Address 144 2ND STREET
1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB21B.9487

Amount of Each Disbursement this Period

2.13

Full Name (Last, First, Middle Initial)

B. PIRYX

Date of Disbursement

Three digital displays showing the date 10/22/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '22' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Mailing Address 144 2ND STREET
1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement

MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB21B.9485

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75-84	40%
85+	1.06%

Full Name (Last, First, Middle Initial)

C. PIRYX

Date of Disbursement

Mailing Address 144 2ND STREET
1ST FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Transaction ID : SB21B.9484

Amount of Each Disbursement this Period

6.37

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

9.56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY



35.15

State: District:

M M / D D / Y Y Y Y
11 05 2014

4.25

State: District:

3.40

State: District:

42.80

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PIRYXMailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Transaction ID : SB21B.9474

Amount of Each Disbursement this Period

1.06

Full Name (Last, First, Middle Initial)

B. PIRYXMailing Address 144 2ND STREET
1ST FLOOR

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : SB21B.9473

Amount of Each Disbursement this Period

1.06

Full Name (Last, First, Middle Initial)

C. REVOLVIS CONSULTING, INC.Mailing Address 400 FIRST STREET, SE
SUITE 200

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB21B.9545

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5002.12

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 94 OF 205

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SQUARE

Mailing Address 1455 MARKET STREET

City State Zip Code
 SAN FRANCISCO CA 94103

Purpose of Disbursement
 MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : SB21B.9505

Amount of Each Disbursement this Period

72.12

Full Name (Last, First, Middle Initial)

B. SQUARE

Mailing Address 1455 MARKET STREET

City State Zip Code
 SAN FRANCISCO CA 94103

Purpose of Disbursement
 MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 23 2014

Transaction ID : SB21B.9504

Amount of Each Disbursement this Period

1518.67

Full Name (Last, First, Middle Initial)

C. SQUARE

Mailing Address 1455 MARKET STREET

City State Zip Code
 SAN FRANCISCO CA 94103

Purpose of Disbursement
 MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 11 03 2014

Transaction ID : SB21B.9503

Amount of Each Disbursement this Period

17.56

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1608.35

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. SQUARE

Mailing Address 1455 MARKET STREET

City	State	Zip Code
SAN FRANCISCO	CA	94103

Transaction ID : SB21B.9502

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.85

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. UNITED AIRLINES

Date of Disbursement

Mailing Address PO BOX 66100

City	State	Zip Code
CHICAGO	IL	60666

Transaction ID : SB21B.9526

Purpose of Disbursement	TRAVEL: AIR
-------------------------	-------------

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

226.20

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. UNITED AIRLINES

Date of Disbursement

Mailing Address PO BOX 66100

City	State	Zip Code
CHICAGO	IL	60666

Transaction ID : SB21B.9527

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

226.20

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

453.25

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. UNITED AIRLINES

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.9528

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Date of Disbursement

M M / D D / Y Y Y Y
10 17 2014

Transaction ID : SB21B.9529

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9530

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

678.60

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. UNITED AIRLINES

Date of Disbursement

Three digital displays showing the date 10/17/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '17' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.9531

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

226.20

B. UNITED AIRLINES

Date of Disbursement

M M / D D / Y Y Y Y
10 17 2014

Transaction ID : SB21B.9532

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9533

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

678.60

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9516

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

285.10

B. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9517

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9518

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1072.50

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9519

Amount of Each Disbursement this Period

398.20

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

Date of Disbursement

City	State	Zip Code
CHICAGO	IL	60666

Transaction ID : SB21B.9520

Purpose of Disbursement
TRAVEL: AIR

Amount of Each Disbursement this Period

398.20

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Date of Disbursement

City	State	Zip Code
CHICAGO	IL	60666

Transaction ID : SB21B.9521

Purpose of Disbursement
TRAVEL: AIR

Amount of Each Disbursement this Period

398.20

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

1194.60

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9522

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9523

Amount of Each Disbursement this Period

398.20

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9524

Amount of Each Disbursement this Period

460.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1256.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 20 2014
Transaction ID : SB21B.9525

Amount of Each Disbursement this Period

634.20

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2014
Transaction ID : SB21B.9512

Amount of Each Disbursement this Period

634.20

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 66100

City CHICAGO State IL Zip Code 60666

Purpose of Disbursement
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 29 2014
Transaction ID : SB21B.9513

Amount of Each Disbursement this Period

634.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1902.60

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. UNITED AIRLINES

Date of Disbursement

Transaction ID : SB21B.9514

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

634.20

B. UNITED AIRLINES

Date of Disbursement

M M / D D / Y Y Y Y
10 29 2014

Transaction ID : SB21B.9515

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

634.20

C. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

Transaction ID : SB21B.9869

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

12160.00

13428.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. VOLUNTEERS FOR SHIMKUS

Date of Disbursement

Transaction ID : SB21B.9871

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1205.15

B.

Date of Disbursement

Purpose of Disbursement

Candidate Name

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1205.15

TOTAL This Period (last page this line number only).....

110350.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City	State	Zip Code
MURPHYSBORO	IL	62977

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

Transaction ID : SB23.9467

Amount of Each Disbursement this Period

2561.15

Full Name (Last, First, Middle Initial)

B. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City	State	Zip Code
MURPHYSBORO	IL	62977

Purpose of Disbursement
CONTRIBUTION: GENERAL DEBT RETIREMENT

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : SB23.9466

Amount of Each Disbursement this Period

2438.85

Full Name (Last, First, Middle Initial)

C. MIKE BOST FOR CONGRESS

Mailing Address PO BOX 1212

City	State	Zip Code
MURPHYSBORO	IL	62977

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : SB23.9541

Amount of Each Disbursement this Period

2561.15

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7561.15

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF LOUISIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

City

BEVERLY

State

MA

Zip Code

01915

Purpose of Disbursement

IN-KIND: TRAVEL: AIR - SEE TRANS ID'S SB21B.9286 - SB21B.9293

Candidate Name

Category/
Type**Transaction ID : SB23.9927**

Amount of Each Disbursement this Period

2721.15

[MEMO ITEM]

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☐ General☒ Other (specify) ▼

Runoff

State:

District:

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF LOUISIANA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

City

BEVERLY

State

MA

Zip Code

01915

Purpose of Disbursement

IN-KIND: PAYROLL - SEE TRANS ID'S SB30B.9268, 9284, 9283, 9229,
9218, 9204, 9206, 9277 & SB30B.9492

Candidate Name

Category/
Type**Transaction ID : SB23.9937**

Amount of Each Disbursement this Period

4167.22

[MEMO ITEM]

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☐ General☒ Other (specify) ▼

Runoff

State:

District:

Full Name (Last, First, Middle Initial)

C. SENGER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Mailing Address 55 W MONROE

City

CHICAGO

State

IL

Zip Code

60603

Purpose of Disbursement

CONTRIBUTION: EXCESS TO BE REFUNDED

Candidate Name

DARLENE SENGERCategory/
Type**Transaction ID : SB23.9495**

Amount of Each Disbursement this Period

15000.00

Office Sought:

☒ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State: IL

District: 11

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

22561.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.9224**

Amount of Each Disbursement this Period

8598.13

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.9223**

Amount of Each Disbursement this Period

8063.64

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.9221**

Amount of Each Disbursement this Period

2.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16663.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.9222**

Amount of Each Disbursement this Period

263.57

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ADVANTAGE PAYROLL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Mailing Address 1000 EAST WARRENVILLE RD
#200

City NAPERVILLE State IL Zip Code 60563

Purpose of Disbursement
PAYROLL TAXES & FEES

Candidate Name

Category/
Type**Transaction ID : SB30B.9220**

Amount of Each Disbursement this Period

85.64

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. RICHARD BOSSERT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9490**

Amount of Each Disbursement this Period

937.35

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1286.56

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. RICHARD BOSSERT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9489**

Amount of Each Disbursement this Period

937.34

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CANDIDATE COMMAND, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 1420 NW VISION
STE. 113

City KANSAS CITY State MO Zip Code 64118

Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

DARLENE SENGERCategory/
Type**Transaction ID : SB30B.9276**

Amount of Each Disbursement this Period

10152.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Full Name (Last, First, Middle Initial)

C. CANDIDATE COMMAND, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 1420 NW VISION
STE. 113

City KANSAS CITY State MO Zip Code 64118

Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

DARLENE SENGERCategory/
Type**Transaction ID : SB30B.9274**

Amount of Each Disbursement this Period

11000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

22089.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. CANDIDATE COMMAND, LLCMailing Address 1420 NW VISION
STE. 113

City KANSAS CITY State MO Zip Code 64118

Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

DARLENE SENDEROffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB30B.9275

Amount of Each Disbursement this Period

21650.00

Full Name (Last, First, Middle Initial)

B. CANDIDATE COMMAND, LLCMailing Address 1420 NW VISION
STE. 113

City KANSAS CITY State MO Zip Code 64118

Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE

Candidate Name

RANDY HULTGRENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SB30B.9273

Amount of Each Disbursement this Period

23220.00

Full Name (Last, First, Middle Initial)

C. ANDREW COLLINSMailing Address 308 S MAIN ST
APT 10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9269

Amount of Each Disbursement this Period

1389.07

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46259.07

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW COLLINSMailing Address 308 S MAIN ST
APT 10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9267

Amount of Each Disbursement this Period

694.54

Full Name (Last, First, Middle Initial)

B. ANDREW COLLINSMailing Address 308 S MAIN ST
APT 10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9268

Amount of Each Disbursement this Period

694.53

Full Name (Last, First, Middle Initial)

C. ANDREW COLLINSMailing Address 308 S MAIN ST
APT 10

City EDWARDSVILLE State IL Zip Code 62025

Purpose of Disbursement
TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		18		2014

Transaction ID : SB30B.9266

Amount of Each Disbursement this Period

411.04

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.11

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PETER COLLINS

Mailing Address 3200 BARBARA DRIVE

City
GLENVIEWState
ILZip Code
60026Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9472

Amount of Each Disbursement this Period

1147.34

Full Name (Last, First, Middle Initial)

B. PETER COLLINS

Mailing Address 3200 BARBARA DRIVE

City
GLENVIEWState
ILZip Code
60026Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9471

Amount of Each Disbursement this Period

1147.34

Full Name (Last, First, Middle Initial)

C. CURTIS SCOTT ADVERTISING, INC.Mailing Address 1550 SPRING RD
STE 220City
OAK BROOKState
ILZip Code
60523Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE: GET OUT THE VOTE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SB30B.9282

Amount of Each Disbursement this Period

13543.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15837.68

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL SYSTEMS

Mailing Address 12450 AUTOMOBILE BLVD.

City	State	Zip Code
CLEARWATER	FL	33762

Purpose of Disbursement
DIRECT MAIL: PRINTING & POSTAGE - DEBT PAYMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : SB30B.9553

Amount of Each Disbursement this Period

6420.00

Full Name (Last, First, Middle Initial)

B. DARSHAN GOPI

Mailing Address 12 KIMBERLY CIRCLE

City	State	Zip Code
OAK BROOK	IL	60523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9284

Amount of Each Disbursement this Period

468.67

Full Name (Last, First, Middle Initial)

C. DARSHAN GOPI

Mailing Address 12 KIMBERLY CIRCLE

City	State	Zip Code
OAK BROOK	IL	60523

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		19		2014

Transaction ID : SB30B.9283

Amount of Each Disbursement this Period

267.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7155.87

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
ILLINOIS REPUBLICAN PARTY

A. MATTHEW GROSS

Mailing Address 400 N OAKLAND AVE
APT 34

City	State	Zip Code
CARBONDALE	IL	62901

Transaction ID : SB30B.9461

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

1284.97

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. MATTHEW GROSS

M M / D D / Y Y Y Y
11 14 2014

Mailing Address 400 N OAKLAND AVE
APT 34

City	State	Zip Code
CARBONDALE	IL	62901

Transaction ID : SB30B.9460

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

1046.21

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
ALEXANDER HENDERSON

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '10', the second shows '30', and the third shows '2014'. Each display has a slash '/' to its right, indicating a sequence of three displays.

Mailing Address 55 W MONROE
STE 940

City	State	Zip Code
CHICAGO	IL	60603

Transaction ID : SB30B.9230

Purpose of Disbursement
PAYROLL

Amount of Each Disbursement this Period

937.34

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

3268.52

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ALEXANDER HENDERSONMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9228

Amount of Each Disbursement this Period

468.68

Full Name (Last, First, Middle Initial)

B. ALEXANDER HENDERSONMailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9229

Amount of Each Disbursement this Period

468.67

Full Name (Last, First, Middle Initial)

C. KAP STRATEGIES

Mailing Address 229 EVANS LN

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ President
State: IL District: 12Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SB30B.9384

Amount of Each Disbursement this Period

44210.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45147.87

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAP STRATEGIES

Mailing Address 229 EVANS LN

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB30B.9383

Amount of Each Disbursement this Period

46289.39

Full Name (Last, First, Middle Initial)

B. KAP STRATEGIES

Mailing Address 229 EVANS LN

City	State	Zip Code
ALEXANDRIA	VA	22305

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SB30B.9382

Amount of Each Disbursement this Period

22562.00

Full Name (Last, First, Middle Initial)

C. KAITLIN KINSERMailing Address 55 W MONROE
SUITE 940

City	State	Zip Code
CHICAGO	IL	60603

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9381

Amount of Each Disbursement this Period

937.35

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69788.74

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAITLIN KINSER

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 55 W MONROE
SUITE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9380**

Amount of Each Disbursement this Period

937.34

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SAMUEL J LAWRENCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 102 N MCCULLOUGH ST
STE 940

City URBANA State IL Zip Code 61801

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9493**

Amount of Each Disbursement this Period

1287.22

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SAMUEL J LAWRENCE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 102 N MCCULLOUGH ST
STE 940

City URBANA State IL Zip Code 61801

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9491**

Amount of Each Disbursement this Period

643.61

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2868.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. SAMUEL J LAWRENCEMailing Address 102 N MCCULLOUGH ST
STE 940

City URBANA State IL Zip Code 61801

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9492

Amount of Each Disbursement this Period

643.60

Full Name (Last, First, Middle Initial)

B. ABRAHAM LEVYMailing Address 901 GETTYSBURG DR
APT4

City BOURBONNAIS State IL Zip Code 60914

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9219

Amount of Each Disbursement this Period

299.43

Full Name (Last, First, Middle Initial)

C. ABRAHAM LEVYMailing Address 901 GETTYSBURG DR
APT4

City BOURBONNAIS State IL Zip Code 60914

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9217

Amount of Each Disbursement this Period

149.72

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1092.75

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ABRAHAM LEVY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 901 GETTYSBURG DR
APT4

City BOURBONNAIS State IL Zip Code 60914

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9218**

Amount of Each Disbursement this Period

149.72

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

ROBERT JAMES JR DOLDCategory/
Type**Transaction ID : SB30B.9459**

Amount of Each Disbursement this Period

21677.64

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City PONTE VEDRA BEACH State FL Zip Code 32082

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

ROBERT JAMES JR DOLDCategory/
Type**Transaction ID : SB30B.9458**

Amount of Each Disbursement this Period

20406.77

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

42234.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MAJORITY STRATEGIES, INC.

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

ROBERT JAMES JR DOLDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SB30B.9457

Amount of Each Disbursement this Period

20406.77

Full Name (Last, First, Middle Initial)

B. MAJORITY STRATEGIES, INC.

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

ROBERT JAMES JR DOLDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SB30B.9456

Amount of Each Disbursement this Period

16889.36

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES, INC.

Mailing Address 135 PROFESSIONAL DRIVE, SUITE 104

City	State	Zip Code
PONTE VEDRA BEACH	FL	32082

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

ROBERT JAMES JR DOLDOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SB30B.9455

Amount of Each Disbursement this Period

38934.26

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

76230.39

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JAYME ODOM

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9375

Amount of Each Disbursement this Period

2615.58

Full Name (Last, First, Middle Initial)

B. JAYME ODOM

Mailing Address 1401 S STATE ST APT 2111

City	State	Zip Code
CHICAGO	IL	60605

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9374

Amount of Each Disbursement this Period

2615.58

Full Name (Last, First, Middle Initial)

C. EMILY OTT

Mailing Address 1413 CASTLETON RD

City	State	Zip Code
LIBERTYVILLE	IL	60048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9308

Amount of Each Disbursement this Period

937.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6168.50

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. EMILY OTT

Mailing Address 1413 CASTLETON RD

City	State	Zip Code
LIBERTYVILLE	IL	60048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9306

Amount of Each Disbursement this Period

468.67

Full Name (Last, First, Middle Initial)

B. EMILY OTT

Mailing Address 1413 CASTLETON RD

City	State	Zip Code
LIBERTYVILLE	IL	60048

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9307

Amount of Each Disbursement this Period

468.68

Full Name (Last, First, Middle Initial)

C. PERSUASION PARTNERS INC.Mailing Address 106 E DOTY ST
STE 300

City	State	Zip Code
MADISON	WI	53703

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

MICHAEL J BOST

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 12

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : SB30B.9470

Amount of Each Disbursement this Period

4695.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5632.95

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. PERSUASION PARTNERS INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 106 E DOTY ST
STE 300

City MADISON State WI Zip Code 53703

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

MICHAEL J BOSTOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 12

Transaction ID : SB30B.9469

Amount of Each Disbursement this Period

10413.60

Full Name (Last, First, Middle Initial)

B. STEPHEN POTTER II

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 1920 WAUKEGAN RD
STE 210

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB30B.9508

Amount of Each Disbursement this Period

937.35

Full Name (Last, First, Middle Initial)

C. STEPHEN POTTER II

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Mailing Address 1920 WAUKEGAN RD
STE 210

City GLENVIEW State IL Zip Code 60025

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB30B.9507

Amount of Each Disbursement this Period

937.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12288.29

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 123 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. DUSTIN RHODES

Mailing Address 16 MINNIE DR

City	State	Zip Code
BELLEVILLE	IL	62226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9305

Amount of Each Disbursement this Period

937.35

Full Name (Last, First, Middle Initial)

B. DUSTIN RHODES

Mailing Address 16 MINNIE DR

City	State	Zip Code
BELLEVILLE	IL	62226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9303

Amount of Each Disbursement this Period

468.67

Full Name (Last, First, Middle Initial)

C. DUSTIN RHODES

Mailing Address 16 MINNIE DR

City	State	Zip Code
BELLEVILLE	IL	62226

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9304

Amount of Each Disbursement this Period

468.67

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1874.69

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JOHN T STERLING

Mailing Address 208 14TH ST

City	State	Zip Code
SILVIS	IL	61282

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB30B.9378

Amount of Each Disbursement this Period

1074.99

Full Name (Last, First, Middle Initial)

B. JOHN T STERLING

Mailing Address 208 14TH ST

City	State	Zip Code
SILVIS	IL	61282

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9376

Amount of Each Disbursement this Period

537.50

Full Name (Last, First, Middle Initial)

C. JOHN T STERLING

Mailing Address 208 14TH ST

City	State	Zip Code
SILVIS	IL	61282

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		14		2014

Transaction ID : SB30B.9377

Amount of Each Disbursement this Period

537.49

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2149.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 106 S. COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

RODNEY L DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type**Transaction ID : SB30B.9511**

Amount of Each Disbursement this Period

18287.05

Full Name (Last, First, Middle Initial)

B. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 106 S. COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

RODNEY L DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type**Transaction ID : SB30B.9510**

Amount of Each Disbursement this Period

18287.05

Full Name (Last, First, Middle Initial)

C. TARGETED CREATIVE COMMUNICATIONS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Mailing Address 106 S. COLUMBUS ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
DIRECT MAIL PRINTING

Candidate Name

RODNEY L DAVISOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Category/
Type**Transaction ID : SB30B.9509**

Amount of Each Disbursement this Period

15361.86

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51935.96

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. VICTORY PHONESMailing Address 190 MONROE AVE. NW
FIFTH FLOOR

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES: PHONE SYSTEMS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

Transaction ID : SB30B.9535

Amount of Each Disbursement this Period

4997.00

Full Name (Last, First, Middle Initial)

B. VICTORY PHONESMailing Address 190 MONROE AVE. NW
FIFTH FLOOR

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement
TELEMARKETING & DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : SB30B.9534

Amount of Each Disbursement this Period

4041.69

Full Name (Last, First, Middle Initial)

C. WAYNE PRINTINGMailing Address 5901 N PROSPECT RD
PO BOX 10555

City PEORIA State IL Zip Code 61612

Purpose of Disbursement
DIRECT MAIL PRINTING & POSTAGE

Candidate Name

AARON JON MR. SCHOCKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SB30B.9537

Amount of Each Disbursement this Period

31843.84

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40882.53

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. ANDREW WELHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Mailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9271**

Amount of Each Disbursement this Period

2260.08

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. ANDREW WELHOUSE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2014

Mailing Address 303 S. HALSTED STREET
APT. 2

City CHICAGO State IL Zip Code 60661

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9270**

Amount of Each Disbursement this Period

2260.09

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. JON ZAHM

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Mailing Address 55 W MONROE
STE 940

City CHICAGO State IL Zip Code 60603

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type**Transaction ID : SB30B.9379**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7020.17

479676.04

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 128 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AIRNET GROUP, INC.

Nature of Debt (Purpose):

VOLUNTEER PHONE MINUTES

Mailing Address 801 BROAD STREET

City State

CHATTANOOGA

Zip Code

TN

37402

Outstanding Balance Beginning This Period

46681.51

Transaction ID : SD10.4202

Amount Incurred This Period

0.00

Payment This Period

3500.00

Outstanding Balance at Close of This Period

43181.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL SYSTEMS

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 12450 AUTOMOBILE BLVD.

City State

CLEARWATER

Zip Code

FL

33762

Outstanding Balance Beginning This Period

6420.15

Transaction ID : SD10.4199

Amount Incurred This Period

0.00

Payment This Period

6420.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FLS CONNECT, LLC

Nature of Debt (Purpose):

TELEMARKETING

Mailing Address 7300 HUDSON BLVD., N

City

SAINT PAUL

State

MN

Zip Code

55128

Outstanding Balance Beginning This Period

43348.00

Transaction ID : SD10.4210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

43348.00

1) SUBTOTALS This Period This Page (optional)..... ►

86529.51

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 129 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MAILFINANCE, NEOPOST USA

Nature of Debt (Purpose):
POSTAGE SYSTEM

Mailing Address 1335 VALWOOD PARKWAY, STE. 111

City State

CARROLLTON

Zip Code

TX

75006

Outstanding Balance Beginning This Period

5388.24

Transaction ID : SD10.4223

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5388.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

REVOLVIS CONSULTING, INC.

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 400 FIRST STREET, SE

SUITE 200

City State

WASHINGTON

Zip Code

DC

20003

Outstanding Balance Beginning This Period

41451.95

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

36451.95

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

TARGETED CREATIVE COMMUNICATIONS, INC.

Nature of Debt (Purpose):

DIRECT MAIL: PRINTING AND POSTAGE

Mailing Address 106 S. COLUMBUS ST

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

39000.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39000.00

1) SUBTOTALS This Period This Page (optional)..... ►

80840.19

2) TOTALS This Period (last page this line number only)..... ►

167369.70

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

167369.70

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 130 OF 205

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) ILLINOIS REPUBLICAN PARTY			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:		Full Name of Subordinate Committee Mailing Address City _____ State _____ ZIP Code _____	

Full Name (Last, First, Middle Initial) of Each Payee MEGAN KIRIK		Purpose of Expenditure FIELD CONSULTING	<input type="text"/> Category/ Type
Mailing Address 3419 49TH ST		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>	
City MOLINE	State IL	Zip Code 61265	
Name of Federal Candidate Supported ROBERT T. SCHILLING	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 17	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div>
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> Transaction ID : SF.9945			

Full Name (Last, First, Middle Initial) of Each Payee STEVEN SHEARER		Purpose of Expenditure STRATEGY CONSULTING	<input type="text"/> Category/ Type
Mailing Address 1600 W BLUE SAGE DR		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 01 / 2014</div> </div>	
City PEORIA	State IL	Zip Code 61615	
Name of Federal Candidate Supported ROBERT T. SCHILLING	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 17	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11000.00</div>
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">11000.00</div> Transaction ID : SF.9548			

Full Name (Last, First, Middle Initial) of Each Payee VICTORY PHONES		Purpose of Expenditure TELEMARKETING & DATA MANAGEMENT SERVICES	<input type="text"/> Category/ Type
Mailing Address 190 MONROE AVE. NW FIFTH FLOOR		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 07 / 2014</div> </div>	
City GRAND RAPIDS	State MI	Zip Code 49503	
Name of Federal Candidate Supported DARLENE SENDER	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: IL District: 11	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">258.31</div>
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px; text-align: right;">258.31</div> Transaction ID : SF.9948			

SUBTOTAL of Expenditures This Page (optional)..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">13258.31</div>
TOTAL This Period (last page this line number only)..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">13258.31</div>

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 131 OF 205

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT
ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER 7.11.14 Fundraising event (07/11/2014) ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported Transaction ID : H2.9547	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">86.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">14.00</div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 132 OF 205

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 ILLINOIS REPUBLICAN PARTY

NAME OF ACCOUNT
 ILLINOIS REPUBLICAN PARTY

DATE OF RECEIPT

M M / D D / Y Y Y Y Y
 10 / 31 / 2014

TOTAL AMOUNT TRANSFERRED

15000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

15000.00

Transaction ID : H3.9873

ii) Generic Voter Drive

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Fundraising

v) Direct Candidate Support (List Activity or Event Identifier)

a)

b)

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC)

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

15000.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

15000.00

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 133 OF 205

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ABRAHAM LEVY		Transaction ID : H4.8934		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 901 GETTYSBURG DR APT4					
City BOURBONNAIS	State IL	Zip Code 60914			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 325908.49	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.51			208.84		264.35

B. Full Name (Last, First, Middle Initial) PATRIOT TAXI		Transaction ID : H4.9057		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 536 N ELSTON AVE					
City CHICAGO	State IL	Zip Code 60630			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 325917.14	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.82			6.83		8.65

C. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.9096		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 516 N. OGDEN AVE.					
City CHICAGO	State IL	Zip Code 60642			
Purpose of Disbursement: DELIVERY SERVICES				Allocated Activity or Event Year-To-Date 325937.13	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			15.79		19.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.53		231.46		292.99

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 134 OF 205

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.9097		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 516 N. OGDEN AVE.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60642		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: DELIVERY SERVICES		Category/ Type		Allocated Activity or Event Year-To-Date 325966.63	
Activity or Event Identifier: Administrative				Date 10 / 16 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
6.20			23.30		29.50

B. Full Name (Last, First, Middle Initial) WAL-MART		Transaction ID : H4.9112		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2080 N ST ROUTE 50				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BOURBONNAIS	State IL	Zip Code 60914		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: OFFICE SUPPLIES		Category/ Type		Allocated Activity or Event Year-To-Date 326068.77	
Activity or Event Identifier: Administrative				Date 10 / 16 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
21.45			80.69		102.14

C. Full Name (Last, First, Middle Initial) JEWEL OSCO		Transaction ID : H4.9114		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2051 RIDGE RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MINOOKA	State IL	Zip Code 60447		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: OFFICE SUPPLIES		Category/ Type		Allocated Activity or Event Year-To-Date 326116.99	
Activity or Event Identifier: Administrative				Date 10 / 16 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.13			38.09		48.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.20		23.30		29.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 135 OF 205

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) BUFFALO WILD WINGS		Transaction ID : H4.9116		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 326138.93	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.61			17.33		21.94

B. Full Name (Last, First, Middle Initial) DUNKIN' DONUTS		Transaction ID : H4.9117		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 811 E OGDEN AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 326209.72	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.87			55.92		70.79

C. Full Name (Last, First, Middle Initial) KFC		Transaction ID : H4.9119		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 581 BOB BLAIR RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MINOOKA	State IL	Zip Code 60447		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: LEVY REIMBURSEMENT 10/16: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 326230.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.46			16.80		21.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHRISTOPHER PIPER		Transaction ID : H4.8968		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2303 BELMORE DR					
City CHAMPAIGN	State IL	Zip Code 61821			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 327230.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

B. Full Name (Last, First, Middle Initial) JAMES WEIR		Transaction ID : H4.9009		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 901 S 1ST ST APT 16					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 328230.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) MAXWELL WEISS		Transaction ID : H4.9036		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 110 E CHALMERS					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 329230.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.00		2370.00		3000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 137 OF 205

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MICHAEL LAUREANO		Transaction ID : H4.9044		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1007 S FIRST ST #8					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 330230.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

B. Full Name (Last, First, Middle Initial) SOUTHERN DEVELOPMENT LLC		Transaction ID : H4.9081		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 300 E MAIN ST					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: RENT				Allocated Activity or Event Year-To-Date 330980.98	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50			592.50		750.00

C. Full Name (Last, First, Middle Initial) BEEF AND BRANDY		Transaction ID : H4.8946		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 127 S STATE STREET					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 331046.51	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.76			51.77		65.53

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
381.26		1434.27		1815.53

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8961	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 856-898 N MICHIGAN AVE				
City CHICAGO	State IL	Zip Code 60611		
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		Category/ Type	Allocated Activity or Event Year-To-Date 331056.56	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
2.11			7.94	
		=	TOTAL AMOUNT	
			10.05	

B. Full Name (Last, First, Middle Initial) CHICAGO ELITE CAB		Transaction ID : H4.8965	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2617 S WABASH AVE				
City CHICAGO	State IL	Zip Code 60616		
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION		Category/ Type	Allocated Activity or Event Year-To-Date 331065.11	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
1.80			6.75	
		=	TOTAL AMOUNT	
			8.55	

C. Full Name (Last, First, Middle Initial) CITY OF NAPERVILLE		Transaction ID : H4.8970	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400 S EAGLE STREET				
City NAPERVILLE	State IL	Zip Code 60540		
Purpose of Disbursement: UTILITIES		Category/ Type	Allocated Activity or Event Year-To-Date 331758.60	
Activity or Event Identifier: Administrative			Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	
145.63			547.86	
		=	TOTAL AMOUNT	
			693.49	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
149.54		562.55		712.09

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CURB		Transaction ID : H4.8975		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5904 RICHMOND HWY SUITE 600					
City ALEXANDRIA	State VA	Zip Code 22303			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 331768.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="2.13"/>			<input type="text" value="8.02"/>		<input type="text" value="10.15"/>

B. Full Name (Last, First, Middle Initial) LEXIS NEXIS		Transaction ID : H4.9027		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 2314					
City CAROL STREAM	State IL	Zip Code 60132			
Purpose of Disbursement: ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 332038.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="56.70"/>			<input type="text" value="213.30"/>		<input type="text" value="270.00"/>

C. Full Name (Last, First, Middle Initial) NEW RIVER RESEARCH INSTITUTE		Transaction ID : H4.9054		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2150 COUNTRY CLUB ROAD SUITE 221					
City WINSTON-SALEM	State NC	Zip Code 27104			
Purpose of Disbursement: SOFTWARE SERVICES				Allocated Activity or Event Year-To-Date 333538.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="315.00"/>			<input type="text" value="1185.00"/>		<input type="text" value="1500.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="373.83"/>		<input type="text" value="1406.32"/>		<input type="text" value="1780.15"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) NICOR GAS		Transaction ID : H4.9055		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 5407				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CAROL STREAM	State IL	Zip Code 60197		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT & UTILITIES				Allocated Activity or Event Year-To-Date 333565.65	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.65			21.25		26.90

B. Full Name (Last, First, Middle Initial) THE HEARN COMPANY		Transaction ID : H4.9090		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE STREET Suite 3925				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT				Allocated Activity or Event Year-To-Date 337677.57	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
863.50			3248.42		4111.92

C. Full Name (Last, First, Middle Initial) THE HEARN COMPANY		Transaction ID : H4.9091		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE STREET Suite 3925				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT				Allocated Activity or Event Year-To-Date 344129.00	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1354.80			5096.63		6451.43

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2223.95		8366.30		10590.25

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) USPS		Transaction ID : H4.9100		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 100 W. RANDOLPH STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60664		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POSTAGE				Allocated Activity or Event Year-To-Date 344168.98	
Activity or Event Identifier: Administrative			Category/ Type	Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40			31.58		39.98

B. Full Name (Last, First, Middle Initial) WALGREENS		Transaction ID : H4.9107		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 79 W. MONROE STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 344188.58	
Activity or Event Identifier: Administrative			Category/ Type	Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.12			15.48		19.60

C. Full Name (Last, First, Middle Initial) MCDONALD'S		Transaction ID : H4.9039		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2111 MCDONALD'S DRIVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City OAK BROOK	State IL	Zip Code 60523		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 344239.24	
Activity or Event Identifier: Administrative			Category/ Type	Date 10 / 21 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.64			40.02		50.66

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.16		87.08		110.24

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) GRUBHUB		Transaction ID : H4.8995		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 111 W WASHINGTON ST				Allocated Activity or Event Year-To-Date 344276.79	
City CHICAGO	State IL	Zip Code 60602		Date <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.89			29.66		37.55

B. Full Name (Last, First, Middle Initial) WEST BEND MUTUAL INSURANCE		Transaction ID : H4.9109		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430				Allocated Activity or Event Year-To-Date 344751.88	
City ELMHURST	State IL	Zip Code 60126		Date <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: LIABILITY INSURANCE					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
99.77			375.32		475.09

C. Full Name (Last, First, Middle Initial) SAPER LAW OFFICES LLC		Transaction ID : H4.9076		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 505 N LASALLE SUITE 350				Allocated Activity or Event Year-To-Date 347751.88	
City CHICAGO	State IL	Zip Code 60654		Date <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: LEGAL CONSULTING					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
630.00			2370.00		3000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
737.66		2774.98		3512.64

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) TRACTOR SUPPLY COMPANY			Transaction ID : H4.9095			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5401 VIRGINIA WAY								
City BRENTWOOD		State TN		Zip Code 37027				
Purpose of Disbursement: OFFICE SUPPLIES				Category/ Type		Allocated Activity or Event Year-To-Date 347991.26		
Activity or Event Identifier: Administrative						Date <input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="50.27"/>				<input type="text" value="189.11"/>				<input type="text" value="239.38"/>

B. Full Name (Last, First, Middle Initial) BROWN, HAY & STEPHENS LLP			Transaction ID : H4.8950			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 205 S FIFTH ST PO BOX 2459								
City SPRINGFIELD		State IL		Zip Code 62705				
Purpose of Disbursement: LEGAL CONSULTING				Category/ Type		Allocated Activity or Event Year-To-Date 352953.76		
Activity or Event Identifier: Administrative						Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="1042.13"/>				<input type="text" value="3920.37"/>				<input type="text" value="4962.50"/>

C. Full Name (Last, First, Middle Initial) COMCAST			Transaction ID : H4.8971			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1255 W NORTH AVE								
City CHICAGO		State IL		Zip Code 60642				
Purpose of Disbursement: BROADBAND SERVICES				Category/ Type		Allocated Activity or Event Year-To-Date 353157.91		
Activity or Event Identifier: Administrative						Date <input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="42.87"/>				<input type="text" value="161.28"/>				<input type="text" value="204.15"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1135.27"/>		<input type="text" value="4270.76"/>		<input type="text" value="5406.03"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) LISA WAGNER & CO		Transaction ID : H4.9029		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 446					
City BATAVIA	State IL	Zip Code 60510			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 353267.20	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
22.95			86.34		109.29

B. Full Name (Last, First, Middle Initial) RON GOULD STUDIOS		Transaction ID : H4.9067		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1401 W HURON STREET					
City CHICAGO	State IL	Zip Code 60642			
Purpose of Disbursement: PHOTOGRAPHY SERVICES				Allocated Activity or Event Year-To-Date 353983.20	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
150.36			565.64		716.00

C. Full Name (Last, First, Middle Initial) OFFICE DEPOT		Transaction ID : H4.9206		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6 S STATE ST					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 354018.89	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.49			28.20		35.69

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
173.31		651.98		825.29

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) SYSTEM PARKING		Transaction ID : H4.9208		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 401 S WABASH					
City CHICAGO	State IL	Zip Code 60604			
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: PARKING				Allocated Activity or Event Year-To-Date 354058.89	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40			31.60		40.00

B. Full Name (Last, First, Middle Initial) MEAGHAN OLSEN		Transaction ID : H4.9210		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 446					
City BATAVIA	State IL	Zip Code 60510			
Purpose of Disbursement: LISA WAGNER & CO REIMBURSEMENT: MILEAGE				Allocated Activity or Event Year-To-Date 354092.49	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.06			26.54		33.60

C. Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS		Transaction ID : H4.9213		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 138 CONANT STREET					
City BEVERLY	State MA	Zip Code 01915			
Purpose of Disbursement: COMPLIANCE CONSULTING				Allocated Activity or Event Year-To-Date 356640.73	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 27 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
535.13			2013.11		2548.24

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
535.13		2013.11		2548.24

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) PEAPOD		Transaction ID : H4.9059		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 84 BIESTERFIELD ROAD				Allocated Activity or Event Year-To-Date 356787.97	
City ELK GROVE VLG	State IL	Zip Code 60007		Date 10 / 29 / 2014	
Purpose of Disbursement: MEETING EXPENSE: MEALS					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.92			116.32		147.24

B. Full Name (Last, First, Middle Initial) DARSHAN GOPI		Transaction ID : H4.8980		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12 KIMBERLY CIRCLE				Allocated Activity or Event Year-To-Date 357725.32	
City OAK BROOK	State IL	Zip Code 60523		Date 10 / 30 / 2014	
Purpose of Disbursement: PAYROLL < 25% FED					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.84			740.51		937.35

C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO		Transaction ID : H4.9022		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 544 WEST SCHUBERT AVE.				Allocated Activity or Event Year-To-Date 359074.88	
City CHICAGO	State IL	Zip Code 60614		Date 10 / 30 / 2014	
Purpose of Disbursement: PAYROLL < 25% FED					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
283.41			1066.15		1349.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
511.17		1922.98		2434.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) VERTICALRESPONSE INC		Transaction ID : H4.9102		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 BEALE STREET 10TH FLOOR					
City SAN FRANCISCO	State CA	Zip Code 94105			
Purpose of Disbursement: POSTAGE				Allocated Activity or Event Year-To-Date 359118.88	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="9.24"/>			<input type="text" value="34.76"/>		<input type="text" value="44.00"/>

B. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8960		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 856-898 N MICHIGAN AVE					
City CHICAGO	State IL	Zip Code 60611			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 359128.13	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="1.94"/>			<input type="text" value="7.31"/>		<input type="text" value="9.25"/>

C. Full Name (Last, First, Middle Initial) CHICAGO ELITE CAB		Transaction ID : H4.8964		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2617 S WABASH AVE					
City CHICAGO	State IL	Zip Code 60616			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 359133.44	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="1.12"/>			<input type="text" value="4.19"/>		<input type="text" value="5.31"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="12.30"/>		<input type="text" value="46.26"/>		<input type="text" value="58.56"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8959		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 856-898 N MICHIGAN AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60611		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 359140.89	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.56			5.89		7.45

B. Full Name (Last, First, Middle Initial) CURB		Transaction ID : H4.8973		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5904 RICHMOND HWY SUITE 600				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ALEXANDRIA	State VA	Zip Code 22303		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 359148.34	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.56			5.89		7.45

C. Full Name (Last, First, Middle Initial) CURB		Transaction ID : H4.8974		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5904 RICHMOND HWY SUITE 600				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ALEXANDRIA	State VA	Zip Code 22303		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 359157.59	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.94			7.31		9.25

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.06		19.09		24.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ITALIAN VILLAGE		Transaction ID : H4.9002		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 71 W. MONROE ST.				Allocated Activity or Event Year-To-Date 359254.56	
City CHICAGO	State IL	Zip Code 60603		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="20.36"/>			<input type="text" value="76.61"/>		<input type="text" value="96.97"/>

B. Full Name (Last, First, Middle Initial) JIMMY JOHN'S GOURMET SANDWICHES		Transaction ID : H4.9018		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6 E. MADISON STREET				Allocated Activity or Event Year-To-Date 359492.53	
City CHICAGO	State IL	Zip Code 60604		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="49.97"/>			<input type="text" value="188.00"/>		<input type="text" value="237.97"/>

C. Full Name (Last, First, Middle Initial) NEW RIVER RESEARCH INSTITUTE		Transaction ID : H4.9053		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2150 COUNTRY CLUB ROAD SUITE 221				Allocated Activity or Event Year-To-Date 360992.53	
City WINSTON-SALEM	State NC	Zip Code 27104		Date <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: SOFTWARE SERVICES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="315.00"/>			<input type="text" value="1185.00"/>		<input type="text" value="1500.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="385.33"/>		<input type="text" value="1449.61"/>		<input type="text" value="1834.94"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) US BANK		Transaction ID : H4.9098		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 790448					
City ST. LOUIS	State MO	Zip Code 63179			
Purpose of Disbursement: EQUIPMENT RENTAL				Allocated Activity or Event Year-To-Date 361326.12	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.05			263.54		333.59

B. Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS		Transaction ID : H4.9212		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 138 CONANT STREET					
City BEVERLY	State MA	Zip Code 01915			
Purpose of Disbursement: DELIVERY SERVICES				Allocated Activity or Event Year-To-Date 361342.93	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 03 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.53			13.28		16.81

C. Full Name (Last, First, Middle Initial) ANDREW COLLINS		Transaction ID : H4.8943		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST APT 10					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 362849.24	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.33			1189.98		1506.31

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
389.91		1466.80		1856.71

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ITALIAN VILLAGE		Transaction ID : H4.9001		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 71 W. MONROE ST.					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
24.53			92.30		116.83

B. Full Name (Last, First, Middle Initial) TRUE VALUE		Transaction ID : H4.9886		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1915 W MAIN MURDALE SHOPPING CTR					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: COLLINS REIMBURSEMENT: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
8.20			30.85		39.05

C. Full Name (Last, First, Middle Initial) RED ROBIN		Transaction ID : H4.9887		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6699 EDWARDSVILLE XING DR					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: COLLINS REIMBURSEMENT: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.78			55.60		70.38

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.53		92.30		116.83

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHILI'S GRILL AND BAR		Transaction ID : H4.9888		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6311 N ILLINOIS					
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208			
Purpose of Disbursement: COLLINS REIMBURSEMENT: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.80			33.12		41.92

B. Full Name (Last, First, Middle Initial) HAWTHORN SUITES		Transaction ID : H4.9891		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 101 TRADE CENTER DR					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: COLLINS REIMBURSEMENT: TRAVEL: LODGING				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.47			118.37		149.84

C. Full Name (Last, First, Middle Initial) ANDREW COLLINS		Transaction ID : H4.9892		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST APT 10					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: TRAVEL: MILEAGE				Allocated Activity or Event Year-To-Date 362966.07	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 04 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.08			952.04		1205.12

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CURB		Transaction ID : H4.8972		Allocated Activity or Event:	
Mailing Address 5904 RICHMOND HWY SUITE 600				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City ALEXANDRIA	State VA	Zip Code 22303		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				362975.72	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.03			7.62		9.65

B. Full Name (Last, First, Middle Initial) MCDONALD'S		Transaction ID : H4.9038		Allocated Activity or Event:	
Mailing Address 2111 MCDONALD'S DRIVE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City OAK BROOK	State IL	Zip Code 60523		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: MEETING EXPENSE: MEALS				363028.22	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.03			41.47		52.50

C. Full Name (Last, First, Middle Initial) SAM'S CLUB		Transaction ID : H4.9073		Allocated Activity or Event:	
Mailing Address 2601 S CICERO AVE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60804		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: OFFICE SUPPLIES				363208.52	
Activity or Event Identifier: Administrative		Category/ Type		Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.86			142.44		180.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
50.92		191.53		242.45

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) STARBUCKS		Transaction ID : H4.9083		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 131 S DEARBORN STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 363278.58	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 05 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.71			55.35		70.06

B. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8957		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 856-898 N MICHIGAN AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60611		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 363288.43	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 06 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.07			7.78		9.85

C. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8958		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 856-898 N MICHIGAN AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60611		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 363298.48	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 06 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.11			7.94		10.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.89		71.07		89.96

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) RUDY'S BAR & GRILLE		Transaction ID : H4.9069		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 69 E MADISON STREET					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 363371.81	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
15.40			57.93		73.33

B. Full Name (Last, First, Middle Initial) TAXI AFFILIATED SERVICES		Transaction ID : H4.9089		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4536 N. ELSTON AVE.					
City CHICAGO	State IL	Zip Code 60630			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 363380.86	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1.90			7.15		9.05

C. Full Name (Last, First, Middle Initial) ELEPHANT & CASTLE		Transaction ID : H4.8987		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 160 E HURON ST					
City CHICAGO	State IL	Zip Code 60611			
Purpose of Disbursement: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 363424.50	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 10 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.16			34.48		43.64

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.46		99.56		126.02

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) JASON'S DELI		Transaction ID : H4.9011		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1258 S CANAL ST				Allocated Activity or Event Year-To-Date 363667.60	
City CHICAGO	State IL	Zip Code 60607		Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="51.05"/>			<input type="text" value="192.05"/>		<input type="text" value="243.10"/>

B. Full Name (Last, First, Middle Initial) JEWEL-OSCO		Transaction ID : H4.9015		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1224 S WABASH AVE				Allocated Activity or Event Year-To-Date 363698.92	
City CHICAGO	State IL	Zip Code 60605		Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: OFFICE SUPPLIES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="6.58"/>			<input type="text" value="24.74"/>		<input type="text" value="31.32"/>

C. Full Name (Last, First, Middle Initial) POTBELLY		Transaction ID : H4.9063		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 542 S DEARBORN ST				Allocated Activity or Event Year-To-Date 364051.78	
City CHICAGO	State IL	Zip Code 60605		Date <input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: MEETING EXPENSE: MEALS		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="74.10"/>			<input type="text" value="278.76"/>		<input type="text" value="352.86"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="131.73"/>		<input type="text" value="495.55"/>		<input type="text" value="627.28"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CASEY GORHAM		Transaction ID : H4.8952		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 15105 S MEADOW LN				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PLAINFIELD	State IL	Zip Code 60544		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 364071.78	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			15.80		20.00

B. Full Name (Last, First, Middle Initial) MS. JEN DAULBY		Transaction ID : H4.9012		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3926 12TH ST S				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ARLINGTON	State VA	Zip Code 22204		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 364506.85	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.36			343.71		435.07

C. Full Name (Last, First, Middle Initial) MATTHEW GROSS		Transaction ID : H4.9033		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 365234.67	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
152.84			574.98		727.82

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
248.40		934.49		1182.89

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) NATIONAL		Transaction ID : H4.9121		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 10124 NATURAL BRIDGE RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ST LOUIS	State MO	Zip Code 63134		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: DAULBY REIMBURSEMENT 11/11: CAR RENTAL				Allocated Activity or Event Year-To-Date 365669.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.36			343.71		435.07

B. Full Name (Last, First, Middle Initial) MATTHEW GROSS		Transaction ID : H4.9122		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: RENT				Allocated Activity or Event Year-To-Date 366219.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.50			434.50		550.00

C. Full Name (Last, First, Middle Initial) JIMMY JOHNS		Transaction ID : H4.9124		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 515.5 S ILLINOIS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 366249.79	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 11 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.31			23.74		30.05

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) PAPA JOHNS		Transaction ID : H4.9125		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 602 E GRAND AVE					
City CARBONDDALE	State IL	Zip Code 62901			
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 366273.32	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.94			18.59		23.53

B. Full Name (Last, First, Middle Initial) SCHNUCKS		Transaction ID : H4.9126		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 915 W MAIN ST					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: GROSS REIMBURSEMENT 11/11: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 366397.56	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.09			98.15		124.24

C. Full Name (Last, First, Middle Initial) SPOTHERO PARKING		Transaction ID : H4.9893		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 212 WEST SUPERIOR SUITE 201					
City CHICAGO	State IL	Zip Code 60654			
Purpose of Disbursement: GORHAM REIMBURSEMENT: PARKING				Allocated Activity or Event Year-To-Date 366397.56	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 11 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			15.80		20.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ABRAHAM LEVY		Transaction ID : H4.8933		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 901 GETTYSBURG DR APT4					
City BOURBONNAIS	State IL	Zip Code 60914			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 366605.28	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
43.62			164.10		207.72

B. Full Name (Last, First, Middle Initial) CHI TAXI		Transaction ID : H4.8956		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 856-898 N MICHIGAN AVE					
City CHICAGO	State IL	Zip Code 60611			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 366610.81	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.16			4.37		5.53

C. Full Name (Last, First, Middle Initial) CHICAGO ELITE CAB		Transaction ID : H4.8963		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2617 S WABASH AVE					
City CHICAGO	State IL	Zip Code 60616			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 366617.90	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.49			5.60		7.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.27		174.07		220.34

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CITY OF NAPERVILLE		Transaction ID : H4.8969		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400 S EAGLE STREET					
City NAPERVILLE	State IL	Zip Code 60540			
Purpose of Disbursement: UTILITIES				Allocated Activity or Event Year-To-Date 367237.64	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
130.15			489.59		619.74

B. Full Name (Last, First, Middle Initial) DARSHAN GOPI		Transaction ID : H4.8979		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12 KIMBERLY CIRCLE					
City OAK BROOK	State IL	Zip Code 60523			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 367594.01	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
74.84			281.53		356.37

C. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO		Transaction ID : H4.9021		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 544 WEST SCHUBERT AVE.					
City CHICAGO	State IL	Zip Code 60614			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 367624.56	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.42			24.13		30.55

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
211.41		795.25		1006.66

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) LEXIS NEXIS		Transaction ID : H4.9026		Allocated Activity or Event:	
Mailing Address PO BOX 2314				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CAROL STREAM	State IL	Zip Code 60132		Allocated Activity or Event Year-To-Date <div>367894.56</div>	
Purpose of Disbursement: ONLINE SUBSCRIPTIONS			Category/ Type	Date <div>MM / DD / YYYY</div> <div>11 / 12 / 2014</div>	
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.70			213.30		270.00

B. Full Name (Last, First, Middle Initial) STEPHEN POTTER II		Transaction ID : H4.9086		Allocated Activity or Event:	
Mailing Address 1920 WAUKEGAN RD STE 210				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City GLENVIEW	State IL	Zip Code 60025		Allocated Activity or Event Year-To-Date <div>368419.61</div>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES			Category/ Type	Date <div>MM / DD / YYYY</div> <div>11 / 12 / 2014</div>	
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
110.26			414.79		525.05

C. Full Name (Last, First, Middle Initial) TARGET		Transaction ID : H4.9087		Allocated Activity or Event:	
Mailing Address 2656 N ELSTON AVE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60647		Allocated Activity or Event Year-To-Date <div>368510.28</div>	
Purpose of Disbursement: OFFICE SUPPLIES			Category/ Type	Date <div>MM / DD / YYYY</div> <div>11 / 12 / 2014</div>	
Activity or Event Identifier: Administrative					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.04			71.63		90.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
186.00		699.72		885.72

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) USPS		Transaction ID : H4.9099		Allocated Activity or Event:	
Mailing Address 100 W. RANDOLPH STREET				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City CHICAGO		State IL	Zip Code 60664	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: POSTAGE				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>12</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.63			160.37		203.00

B. Full Name (Last, First, Middle Initial) WALGREENS		Transaction ID : H4.9104		Allocated Activity or Event:	
Mailing Address 79 W. MONROE STREET				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City CHICAGO		State IL	Zip Code 60603	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: OFFICE SUPPLIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>12</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.68			10.09		12.77

C. Full Name (Last, First, Middle Initial) WALGREENS		Transaction ID : H4.9105		Allocated Activity or Event:	
Mailing Address 79 W. MONROE STREET				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City CHICAGO		State IL	Zip Code 60603	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: OFFICE SUPPLIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date	
				<div> <div>11</div> <div>12</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.68			10.09		12.77

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.99		180.55		228.54

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) WALGREENS		Transaction ID : H4.9106		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 79 W. MONROE STREET					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 368770.50	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.65			25.03		31.68

B. Full Name (Last, First, Middle Initial) PIZZA HUT		Transaction ID : H4.9128		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 27025 W EAMES ST ROUTE 50					
City CHANNAHON	State IL	Zip Code 60410			
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 368789.27	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.94			14.83		18.77

C. Full Name (Last, First, Middle Initial) JEWEL OSCO		Transaction ID : H4.9129		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2051 RIDGE RD					
City MINOOKA	State IL	Zip Code 60447			
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 368823.56	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.20			27.09		34.29

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.65		25.03		31.68

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) FAT BOY'S PIZZA		Transaction ID : H4.9131		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 408 W MONDAMIN ST					
City MINOOKA	State IL	Zip Code 60447			
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 368845.60	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
4.63			17.41		22.04

B. Full Name (Last, First, Middle Initial) FAST N FRESH		Transaction ID : H4.9133		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 103 N RIDGE RD					
City MINOOKA	State IL	Zip Code 60447			
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: TRAVEL: FUEL				Allocated Activity or Event Year-To-Date 368951.30	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
22.20			83.50		105.70

C. Full Name (Last, First, Middle Initial) MCDONALDS		Transaction ID : H4.9135		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 102 N RIDGE RD					
City MINOOKA	State IL	Zip Code 60447			
Purpose of Disbursement: LEVY REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 368978.22	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
5.65			21.27		26.92

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) LOU MALNATI'S PIZZERIA		Transaction ID : H4.9136		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 131 W JEFFERSON AVE					
City NAPERVILLE	State IL	Zip Code 60563			
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369149.54	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.98			135.34		171.32

B. Full Name (Last, First, Middle Initial) PITA LAND		Transaction ID : H4.9138		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7831 W 95TH ST					
City HICKORY HILLS	State IL	Zip Code 60457			
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369168.71	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.03			15.14		19.17

C. Full Name (Last, First, Middle Initial) PAPA JOHNS		Transaction ID : H4.9139		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 602 E GRAND AVE					
City CARBONDDALE	State IL	Zip Code 62901			
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369185.85	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.60			13.54		17.14

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) BUFFALO WILD WINGS		Transaction ID : H4.9140		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369268.08	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.27			64.96		82.23

B. Full Name (Last, First, Middle Initial) OFFICE DEPOT		Transaction ID : H4.9141		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6 S STATE ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 369274.50	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.35			5.07		6.42

C. Full Name (Last, First, Middle Initial) JIMMY JOHNS		Transaction ID : H4.9142		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 515.5 S ILLINOIS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369334.59	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.62			47.47		60.09

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHOICE TAXI		Transaction ID : H4.9144		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6550 N CLARK ST					
City CHICAGO	State IL	Zip Code 60626			
Purpose of Disbursement: CHIGLO REIMBURSEMENT 11/12: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 369351.89	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.63			13.67		17.30

B. Full Name (Last, First, Middle Initial) GLOBE TAXI		Transaction ID : H4.9146		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4118 W LAWRENCE AVE					
City CHICAGO	State IL	Zip Code 60630			
Purpose of Disbursement: CHIGLO REIMBURSEMENT 11/12: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 369365.14	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.78			10.47		13.25

C. Full Name (Last, First, Middle Initial) GIORDANO'S PIZZA		Transaction ID : H4.9148		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2540 N WAUKEGAN RD					
City GLENVIEW	State IL	Zip Code 60025			
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369497.70	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.84			104.72		132.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) BUFFALO WILD WINGS		Transaction ID : H4.9149		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369727.46	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.25			181.51		229.76

B. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9150		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 111 N. WABASH AVENUE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 369830.71	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.68			81.57		103.25

C. Full Name (Last, First, Middle Initial) NOODLES & COMPANY		Transaction ID : H4.9152		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1851 TOWER DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City GLENVIEW	State IL	Zip Code 60025		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/12: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 369890.19	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.49			46.99		59.48

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ITALIAN VILLAGE			Transaction ID : H4.9000			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 71 W. MONROE ST.								
City CHICAGO		State IL		Zip Code 60603				
Purpose of Disbursement: MEETING EXPENSE: MEALS						Allocated Activity or Event Year-To-Date 370096.43		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
43.31						162.93		
						=		
						TOTAL AMOUNT		
						206.24		

B. Full Name (Last, First, Middle Initial) JIMMY JOHN'S GOURMET SANDWICHES			Transaction ID : H4.9016			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6 E. MADISON STREET								
City CHICAGO		State IL		Zip Code 60604				
Purpose of Disbursement: MEETING EXPENSE: MEALS						Allocated Activity or Event Year-To-Date 370210.86		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
24.03						90.40		
						=		
						TOTAL AMOUNT		
						114.43		

C. Full Name (Last, First, Middle Initial) JIMMY JOHN'S GOURMET SANDWICHES			Transaction ID : H4.9017			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6 E. MADISON STREET								
City CHICAGO		State IL		Zip Code 60604				
Purpose of Disbursement: MEETING EXPENSE: MEALS						Allocated Activity or Event Year-To-Date 370368.65		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
33.14						124.65		
						=		
						TOTAL AMOUNT		
						157.79		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
100.48		377.98		478.46

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) TAXI AFFILIATED SERVICES		Transaction ID : H4.9088		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4536 N. ELSTON AVE.					
City CHICAGO	State IL	Zip Code 60630			
Purpose of Disbursement: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 370375.90	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="1.52"/>			<input type="text" value="5.73"/>		<input type="text" value="7.25"/>

B. Full Name (Last, First, Middle Initial) USPS - OAK BROOK		Transaction ID : H4.9101		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1314 KENSINGTON ROAD					
City OAK BROOK	State IL	Zip Code 60523			
Purpose of Disbursement: POSTAGE				Allocated Activity or Event Year-To-Date 370571.90	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="41.16"/>			<input type="text" value="154.84"/>		<input type="text" value="196.00"/>

C. Full Name (Last, First, Middle Initial) DARSHAN GOPI		Transaction ID : H4.8978		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12 KIMBERLY CIRCLE					
City OAK BROOK	State IL	Zip Code 60523			
Purpose of Disbursement: PAYROLL < 25% FED				Allocated Activity or Event Year-To-Date 371040.57	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="98.42"/>			<input type="text" value="370.25"/>		<input type="text" value="468.67"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="141.10"/>		<input type="text" value="530.82"/>		<input type="text" value="671.92"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) KENNEDY CHIGLO		Transaction ID : H4.9020		Allocated Activity or Event:	
Mailing Address 544 WEST SCHUBERT AVE.				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60614		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: PAYROLL < 25% FED				371797.04	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y Y 11 / 14 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
158.86			597.61		756.47

B. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9216		Allocated Activity or Event:	
Mailing Address 111 N. WABASH AVENUE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60602		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: OFFICE SUPPLIES				371849.97	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y Y 11 / 17 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.12			41.81		52.93

C. Full Name (Last, First, Middle Initial) ALEXANDER HENDERSON		Transaction ID : H4.8938		Allocated Activity or Event:	
Mailing Address 55 W MONROE STE 940				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60603		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				371937.25	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.33			68.95		87.28

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
188.31		708.37		896.68

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ANDREW WELHOUSE		Transaction ID : H4.8944		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 303 S. HALSTED STREET APT. 2				Allocated Activity or Event Year-To-Date 372674.34	
City CHICAGO	State IL	Zip Code 60661		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
154.79			582.30		737.09

B. Full Name (Last, First, Middle Initial) DARSHAN GOPI		Transaction ID : H4.8977		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 12 KIMBERLY CIRCLE				Allocated Activity or Event Year-To-Date 372771.65	
City OAK BROOK	State IL	Zip Code 60523		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.44			76.87		97.31

C. Full Name (Last, First, Middle Initial) DUSTIN RHODES		Transaction ID : H4.8985		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 16 MINNIE DR				Allocated Activity or Event Year-To-Date 373353.68	
City BELLEVILLE	State IL	Zip Code 62226		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES		<input type="text"/>			
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.23			459.80		582.03

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
297.46		1118.97		1416.43

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MATTHEW GROSS		Transaction ID : H4.9032		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400 N OAKLAND AVE APT 34					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 374417.35	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
223.37			840.30		1063.67

B. Full Name (Last, First, Middle Initial) PETER COLLINS		Transaction ID : H4.9061		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 3200 BARBARA DRIVE					
City GLENVIEW	State IL	Zip Code 60026			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 374944.48	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
110.70			416.43		527.13

C. Full Name (Last, First, Middle Initial) SAMUEL J LAWRENCE		Transaction ID : H4.9074		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 102 N MCCULLOUGH ST STE 940					
City URBANA	State IL	Zip Code 61801			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 375233.68	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
60.73			228.47		289.20

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
394.80		1485.20		1880.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) STEPHEN POTTER II		Transaction ID : H4.9085		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1920 WAUKEGAN RD STE 210				Allocated Activity or Event Year-To-Date 375873.89	
City GLENVIEW	State IL	Zip Code 60025		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
134.44			505.77		640.21

B. Full Name (Last, First, Middle Initial) WALGREENS		Transaction ID : H4.9103		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 79 W. MONROE STREET				Allocated Activity or Event Year-To-Date 375932.44	
City CHICAGO	State IL	Zip Code 60603		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: OFFICE SUPPLIES					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.30			46.25		58.55

C. Full Name (Last, First, Middle Initial) WOW ACCESS		Transaction ID : H4.9110		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 184 SHUMAN BLVD. SUITE 100				Allocated Activity or Event Year-To-Date 376082.34	
City NAPERVILLE	State IL	Zip Code 60563		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
Purpose of Disbursement: BROADBAND SERVICES					
Activity or Event Identifier: Administrative		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.48			118.42		149.90

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.22		670.44		848.66

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.9153		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 516 N. OGDEN AVE.					
City CHICAGO	State IL	Zip Code 60642			
Purpose of Disbursement: HENDERSON REIMBURSEMENT 11/18: POSTAGE				Allocated Activity or Event Year-To-Date 376169.62	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="18.33"/>			<input type="text" value="68.95"/>		<input type="text" value="87.28"/>

B. Full Name (Last, First, Middle Initial) ANDREW COLLINS		Transaction ID : H4.9154		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 308 S MAIN ST APT 10					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: TRAVEL: MILEAGE				Allocated Activity or Event Year-To-Date 376580.66	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="86.32"/>			<input type="text" value="324.72"/>		<input type="text" value="411.04"/>

C. Full Name (Last, First, Middle Initial) ORDERFIND.COM		Transaction ID : H4.9156		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 225 E JOHN CARPENTER FREEWAY STE 1500					
City IRVING	State TX	Zip Code 75062			
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: COMPUTER SOFTWARE				Allocated Activity or Event Year-To-Date 376828.20	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="51.98"/>			<input type="text" value="195.56"/>		<input type="text" value="247.54"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="0.00"/>		<input type="text" value="0.00"/>		<input type="text" value="0.00"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) THE STATE HOUSE INN		Transaction ID : H4.9158		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 101 E ADAMS ST					
City SPRINGFIELD	State IL	Zip Code 62701			
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: LODGING				Allocated Activity or Event Year-To-Date 376934.59	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.34			84.05		106.39

B. Full Name (Last, First, Middle Initial) KOAM TAXI		Transaction ID : H4.9160		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6330 N CLARK ST					
City CHICAGO	State IL	Zip Code 60660			
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 376941.59	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.47			5.53		7.00

C. Full Name (Last, First, Middle Initial) DISPATCH TAXI		Transaction ID : H4.9162		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4536 N ELSTON AVE					
City CHICAGO	State IL	Zip Code 60631			
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 376953.59	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.52			9.48		12.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) OFFICE DEPOT		Transaction ID : H4.9163		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6 S STATE ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 377108.69	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.57			122.53		155.10

B. Full Name (Last, First, Middle Initial) YELLOW CAB		Transaction ID : H4.9165		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3351 W ADDISON ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60618		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 377124.69	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.36			12.64		16.00

C. Full Name (Last, First, Middle Initial) TARGET		Transaction ID : H4.9166		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 2656 N ELSTON AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60647		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 377197.86	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.37			57.80		73.17

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) USPS		Transaction ID : H4.9167		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 100 W. RANDOLPH STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60664		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: POSTAGE		Category/ Type		Allocated Activity or Event Year-To-Date 37237.06	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
8.23			30.97		39.20

B. Full Name (Last, First, Middle Initial) MICHAELS		Transaction ID : H4.9169		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3131 N CLARK ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60657		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES		Category/ Type		Allocated Activity or Event Year-To-Date 37271.00	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.13			26.81		33.94

C. Full Name (Last, First, Middle Initial) CVS		Transaction ID : H4.9171		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 205 N MICHIGAN AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60601		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: WELHOUSE REIMBURSEMENT 11/18: OFFICE SUPPLIES		Category/ Type		Allocated Activity or Event Year-To-Date 377317.75	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.82			36.93		46.75

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.9172		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 516 N. OGDEN AVE.				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60642		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GOPI REIMBURSEMENT 11/18: POSTAGE				Allocated Activity or Event Year-To-Date 377415.06	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.44			76.87		97.31

B. Full Name (Last, First, Middle Initial) PANERA BREAD		Transaction ID : H4.9174		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5917 N ILLINOIS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 377481.82	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.02			52.74		66.76

C. Full Name (Last, First, Middle Initial) STARBUCKS		Transaction ID : H4.9175		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 131 S DEARBORN STREET				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 377512.21	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.38			24.01		30.39

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) SAM'S CLUB		Transaction ID : H4.9176		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2601 S CICERO AVE					
City CHICAGO	State IL	Zip Code 60804			
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 377879.93	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
77.22			290.50		367.72

B. Full Name (Last, First, Middle Initial) KRISPY KREME		Transaction ID : H4.9178		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5812 N ILLINOIS ST					
City FAIRVIEW HEIGHTS	State IL	Zip Code 62208			
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 377924.58	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.38			35.27		44.65

C. Full Name (Last, First, Middle Initial) WAL-MART		Transaction ID : H4.9179		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2080 N ST ROUTE 50					
City BOURBONNAIS	State IL	Zip Code 60914			
Purpose of Disbursement: RHODES REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 377997.09	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
15.23			57.28		72.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MATTHEW GROSS		Transaction ID : H4.9180		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400 N OAKLAND AVE APT 34					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MILEAGE				Allocated Activity or Event Year-To-Date 378183.57	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
39.16			147.32		186.48

B. Full Name (Last, First, Middle Initial) WAL-MART		Transaction ID : H4.9181		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2080 N ST ROUTE 50					
City BOURBONNAIS	State IL	Zip Code 60914			
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 378194.40	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.27			8.56		10.83

C. Full Name (Last, First, Middle Initial) QUATROS		Transaction ID : H4.9183		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 222 W FREEMAN					
City CARBONDALE	State IL	Zip Code 62901			
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 378213.62	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
4.04			15.18		19.22

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) IMPARK		Transaction ID : H4.9185		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 172 W MADISON				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: PARKING				Allocated Activity or Event Year-To-Date 378251.62	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.98			30.02		38.00

B. Full Name (Last, First, Middle Initial) MATTHEW GROSS		Transaction ID : H4.9186		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400 N OAKLAND AVE APT 34				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: RENT				Allocated Activity or Event Year-To-Date 378801.62	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.50			434.50		550.00

C. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9187		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 111 N. WABASH AVENUE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60602		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 378875.39	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.49			58.28		73.77

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) JIMMY JOHNS		Transaction ID : H4.9188		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 515.5 S ILLINOIS ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 378897.34	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.61			17.34		21.95

B. Full Name (Last, First, Middle Initial) PAPA JOHNS		Transaction ID : H4.9189		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 602 E GRAND AVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 378915.43	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.80			14.29		18.09

C. Full Name (Last, First, Middle Initial) SCHNUCKS		Transaction ID : H4.9190		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 915 W MAIN ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARBONDALE	State IL	Zip Code 62901		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: GROSS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 379060.76	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.52			114.81		145.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) BUFFALO WILD WINGS		Transaction ID : H4.9191		Allocated Activity or Event:	
Mailing Address 1023 BROOKFOREST DR				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
SHOREWOOD	IL	60404		379129.23	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS			Category/ Type	Date	
Activity or Event Identifier: Administrative [MEMO ITEM]				M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.38			54.09		68.47

B. Full Name (Last, First, Middle Initial) FEDEX		Transaction ID : H4.9192		Allocated Activity or Event:	
Mailing Address 942 S. SHADY GROVE ROAD				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
MEMPHIS	TN	38119		379566.89	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: DELIVERY SERVICES			Category/ Type	Date	
Activity or Event Identifier: Administrative [MEMO ITEM]				M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
91.91			345.75		437.66

C. Full Name (Last, First, Middle Initial) METRA		Transaction ID : H4.9194		Allocated Activity or Event:	
Mailing Address 1401 SHERMAN AVE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code		Allocated Activity or Event Year-To-Date	
NORTHBROOK	IL	60052		379587.89	
Purpose of Disbursement: PETER COLLINS REIMBURSEMENT 11/18: TRAVEL: RAIL			Category/ Type	Date	
Activity or Event Identifier: Administrative [MEMO ITEM]				M M M / D D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41			16.59		21.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MANZELLAS ITALIAN RESTAURANT		Transaction ID : H4.9196		Allocated Activity or Event:	
Mailing Address 113 S FIRST ST				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City CHAMPAIGN State IL Zip Code 61820				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM]				<div> <div>11</div> <div>18</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
30.10			113.23		143.33

B. Full Name (Last, First, Middle Initial) WAL-MART		Transaction ID : H4.9197		Allocated Activity or Event:	
Mailing Address 2080 N ST ROUTE 50				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City BOURBONNAIS State IL Zip Code 60914				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: OFFICE SUPPLIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM]				<div> <div>11</div> <div>18</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.65			85.23		107.88

C. Full Name (Last, First, Middle Initial) BOOST MOBILE		Transaction ID : H4.9199		Allocated Activity or Event:	
Mailing Address 9060 IRVINE CENTER DR				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City IRVINE State CA Zip Code 92618				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: LAWRENCE REIMBURSEMENT 11/18: MOBILE PHONE EXPENSE				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/Type		Allocated Activity or Event Year-To-Date	
[MEMO ITEM]				<div> <div>11</div> <div>18</div> <div>2014</div> </div>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.98			30.01		37.99

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) BUFFALO WILD WINGS		Transaction ID : H4.9200		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1023 BROOKFOREST DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SHOREWOOD	State IL	Zip Code 60404		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 380016.27	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.23			109.95		139.18

B. Full Name (Last, First, Middle Initial) NOODLES & COMPANY		Transaction ID : H4.9201		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1851 TOWER DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City GLENVIEW	State IL	Zip Code 60025		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 380075.75	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.49			46.99		59.48

C. Full Name (Last, First, Middle Initial) TWIN DRAGON RESTAURANT		Transaction ID : H4.9203		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 9046 W GOLF RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City NILES	State IL	Zip Code 60714		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 380259.05	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
38.49			144.81		183.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) UPS		Transaction ID : H4.9204		Allocated Activity or Event:	
Mailing Address 516 N. OGDEN AVE.				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60642		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: POSTAGE				380487.95	
Activity or Event Identifier: Administrative			Category/ Type	Date	
[MEMO ITEM]				M M / D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.07			180.83		228.90

B. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9205		Allocated Activity or Event:	
Mailing Address 111 N. WABASH AVENUE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60602		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: POTTER REIMBURSEMENT 11/18: OFFICE SUPPLIES				380517.30	
Activity or Event Identifier: Administrative			Category/ Type	Date	
[MEMO ITEM]				M M / D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.16			23.19		29.35

C. Full Name (Last, First, Middle Initial) RED CURVE SOLUTIONS		Transaction ID : H4.9211		Allocated Activity or Event:	
Mailing Address 138 CONANT STREET				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City BEVERLY	State MA	Zip Code 01915		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: DELIVERY SERVICES				380535.60	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y Y 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.84			14.46		18.30

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.84		14.46		18.30

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9215		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 111 N. WABASH AVENUE					
City CHICAGO	State IL	Zip Code 60602			
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 380537.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 18 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.33			1.25		1.58

B. Full Name (Last, First, Middle Initial) ADAM MCLEAN		Transaction ID : H4.8935		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8200 PIN OAK RD					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 380829.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.32			230.68		292.00

C. Full Name (Last, First, Middle Initial) ADRIANNE LONG		Transaction ID : H4.8936		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 119 WOLF AVE					
City HAMEL	State IL	Zip Code 62046			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 381829.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
271.65		1021.93		1293.58

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ALEC TROUT		Transaction ID : H4.8937		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 136 FAIRWAY DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WATERLOO	State IL	Zip Code 62298		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		Category/ Type		Allocated Activity or Event Year-To-Date 382079.18	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) ALEXANDRA BRESCHI		Transaction ID : H4.8939		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 252 GIBSON ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CARISLE	State PA	Zip Code 17013		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		Category/ Type		Allocated Activity or Event Year-To-Date 383079.18	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) ALEXANDREA KRUEGER		Transaction ID : H4.8941		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED		Category/ Type		Allocated Activity or Event Year-To-Date 383329.18	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) ALMA HERRERA		Transaction ID : H4.8942		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 8209 WILMOT RD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City SPRING GROVE	State IL	Zip Code 60081		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 383579.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) BENJAMIN POLONY		Transaction ID : H4.8948		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 384079.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

C. Full Name (Last, First, Middle Initial) BRENNAN MILLER		Transaction ID : H4.8949		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1042 ENCLAVE BLVD APT 303B				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City EDWARDSVILLE	State IL	Zip Code 62025		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 384412.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.93			263.07		333.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
227.43		855.57		1083.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) DANIELA GARCIA		Transaction ID : H4.8976		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 322 W TREEHOUSE LN					
City ROUND LAKE	State IL	Zip Code 60073			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 384662.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) DOMINICK SCAFIDI		Transaction ID : H4.8982		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 384912.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

C. Full Name (Last, First, Middle Initial) DONALD CONKEY		Transaction ID : H4.8984		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1122 LOCUST RD					
City WILMETTE	State IL	Zip Code 60091			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 385912.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) EVAN SANDMAN		Transaction ID : H4.8990		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 386162.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) HANNAHRAE WILSON		Transaction ID : H4.8997		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 386412.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

C. Full Name (Last, First, Middle Initial) HIRSCH NANGIA		Transaction ID : H4.8999		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 386662.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) IULIA LUPSE		Transaction ID : H4.9003		Allocated Activity or Event:	
Mailing Address 209 N CATHY LN				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City MT PROSPECT	State IL	Zip Code 60056		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				386912.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) JAMES HAWKINS		Transaction ID : H4.9005		Allocated Activity or Event:	
Mailing Address 708 PONTIAC CT				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City ROUND LAKE HEIGHTS	State IL	Zip Code 60073		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				387162.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

C. Full Name (Last, First, Middle Initial) JAMES TALLIS		Transaction ID : H4.9007		Allocated Activity or Event:	
Mailing Address 55 W MONROE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60603		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				387662.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M / D D / Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) JENNIFER BECKER		Transaction ID : H4.9014		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 387912.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) JOHN DYSLIN		Transaction ID : H4.9019		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 820 BUTTERNUT LN UNIT C				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MT PROSPECT	State IL	Zip Code 60056		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 388412.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

C. Full Name (Last, First, Middle Initial) KEVIN WADOWSKI		Transaction ID : H4.9023		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 3704 DEERWOOD DR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City LONG GROVE	State IL	Zip Code 60047		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 388662.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) LULIA VESEL		Transaction ID : H4.9030		Allocated Activity or Event:	
Mailing Address 644 SHABONEE TRAIL				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City MT PROSPECT	State IL	Zip Code 60056		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				388912.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) MATEUSZ GORNIA		Transaction ID : H4.9031		Allocated Activity or Event:	
Mailing Address 9459 BAY COLONY DR APT 3S				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City DES PLAINES	State IL	Zip Code 60016		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				389162.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

C. Full Name (Last, First, Middle Initial) MICHAEL PAWEL PIRGA		Transaction ID : H4.9047		Allocated Activity or Event:	
Mailing Address 55 W MONROE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City CHICAGO	State IL	Zip Code 60603		Allocated Activity or Event Year-To-Date	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				389412.18	
Activity or Event Identifier: Administrative			Category/ Type	Date	
				M M M / D D D / Y Y Y Y Y Y 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MICHAEL WHITE		Transaction ID : H4.9048		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1015 KNOLL LN				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City WHILMETTE	State IL	Zip Code 60091		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 389662.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) MIRANDA LUCE		Transaction ID : H4.9049		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 540 PINE LAKE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City LAKE FOREST	State IL	Zip Code 60045		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 390662.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

C. Full Name (Last, First, Middle Initial) MITCHELL LEEFERS		Transaction ID : H4.9051		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 55 W MONROE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City CHICAGO	State IL	Zip Code 60603		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 390912.18	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
315.00		1185.00		1500.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) NANCY HOTH		Transaction ID : H4.9052		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 261 DIAMOND HEAD DR					
City DES PLAINES	State IL	Zip Code 60018			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 391162.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) PETER BURNS		Transaction ID : H4.9060		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4818 HEATHER LN					
City BETHALTO	State IL	Zip Code 62010			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 391662.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00			395.00		500.00

C. Full Name (Last, First, Middle Initial) RICHARD SANTI		Transaction ID : H4.9065		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 391912.18	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 19 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) RYAN BRANNAN		Transaction ID : H4.9071		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 392162.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

B. Full Name (Last, First, Middle Initial) SARA MORADI		Transaction ID : H4.9077		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1216 PINE ST APT A					
City GLENVIEW	State IL	Zip Code 60025			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 392412.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

C. Full Name (Last, First, Middle Initial) PAUL SHUBHAM		Transaction ID : H4.9079		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 392662.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
52.50			197.50		250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.50		592.50		750.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) STEPHANIE MCCARTHY		Transaction ID : H4.9084		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 108 CLUB CENTER CIR APT 9					
City EDWARDSVILLE	State IL	Zip Code 62025			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 393162.18	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="105.00"/>			<input type="text" value="395.00"/>		<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial) TIMOTHY SCHNEIDER		Transaction ID : H4.9093		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: REIMBURSEMENT: SEE MEMO ENTRIES				Allocated Activity or Event Year-To-Date 393510.32	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="73.11"/>			<input type="text" value="275.03"/>		<input type="text" value="348.14"/>

C. Full Name (Last, First, Middle Initial) EMBASSY SUITES		Transaction ID : H4.9939		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 201 HARRISON OAKS BLVD					
City CARY	State NC	Zip Code 27513			
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: TRAVEL: LODGING				Allocated Activity or Event Year-To-Date 393510.32	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="61.56"/>			<input type="text" value="231.58"/>		<input type="text" value="293.14"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="178.11"/>		<input type="text" value="670.03"/>		<input type="text" value="848.14"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) O'HARE AIRPORT		Transaction ID : H4.9941		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10000 W O'HARE AVE					
City CHICAGO	State IL	Zip Code 60666			
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: PARKING				Allocated Activity or Event Year-To-Date 393510.32	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.14			26.86		34.00

B. Full Name (Last, First, Middle Initial) TAXI CAB IN CARY LLC		Transaction ID : H4.9943		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address SUMMER RIDGE TOWNHOMES					
City CARY	State NC	Zip Code 27511			
Purpose of Disbursement: SCHNEIDER REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION				Allocated Activity or Event Year-To-Date 393510.32	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.41			16.59		21.00

C. Full Name (Last, First, Middle Initial) STAPLES		Transaction ID : H4.9214		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 111 N. WABASH AVENUE					
City CHICAGO	State IL	Zip Code 60602			
Purpose of Disbursement: OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 393607.99	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.51			77.16		97.67

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.51		77.16		97.67

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) CHANDLER'S CHOP HOUSE			Transaction ID : H4.8954		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 401 N ROSELLE RD						
City SCHAUMBURG	State IL	Zip Code 60194				
Purpose of Disbursement: MEETING EXPENSE: MEALS					Allocated Activity or Event Year-To-Date 395609.14	
Activity or Event Identifier: Administrative			Category/ Type		Date 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
420.24			1580.91			2001.15

B. Full Name (Last, First, Middle Initial) CHRISTOPHER PIPER			Transaction ID : H4.8967		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2303 BELMORE DR						
City CHAMPAIGN	State IL	Zip Code 61821				
Purpose of Disbursement: FIELD CONSULTING < 25% FED					Allocated Activity or Event Year-To-Date 396609.14	
Activity or Event Identifier: Administrative			Category/ Type		Date 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
210.00			790.00			1000.00

C. Full Name (Last, First, Middle Initial) ETHAN SMITH			Transaction ID : H4.8988		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 110 E CHALMERS ST						
City CHAMPAIGN	State IL	Zip Code 61820				
Purpose of Disbursement: FIELD CONSULTING < 25% FED					Allocated Activity or Event Year-To-Date 397609.14	
Activity or Event Identifier: Administrative			Category/ Type		Date 11 / 24 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
210.00			790.00			1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
840.24		3160.91		4001.15

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) FREECONFERENCE		Transaction ID : H4.8992		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4300 E PACIFIC COAST HWY					
City LONG BEACH	State CA	Zip Code 90804			
Purpose of Disbursement: ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 397714.90	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.21			83.55		105.76

B. Full Name (Last, First, Middle Initial) GODADDY.COM		Transaction ID : H4.8993		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14455 N HAYDEN RD SUITE 226					
City SCOTTSDALE	State AZ	Zip Code 85260			
Purpose of Disbursement: WEB HOSTING				Allocated Activity or Event Year-To-Date 397727.91	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.73			10.28		13.01

C. Full Name (Last, First, Middle Initial) KOREY DECKER		Transaction ID : H4.9025		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 55 W MONROE					
City CHICAGO	State IL	Zip Code 60603			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 398727.91	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
234.94		883.83		1118.77

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) MAXWELL WEISS		Transaction ID : H4.9035		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 110 E CHALMERS					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 399727.91	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="210.00"/>			<input type="text" value="790.00"/>		<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial) MEDIACOM		Transaction ID : H4.9040		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 5744					
City CAROL STREAM	State IL	Zip Code 60197			
Purpose of Disbursement: RENT & UTILITIES				Allocated Activity or Event Year-To-Date 400646.12	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="192.82"/>			<input type="text" value="725.39"/>		<input type="text" value="918.21"/>

C. Full Name (Last, First, Middle Initial) MICHAEL LAUREANO		Transaction ID : H4.9045		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1007 S FIRST ST #8					
City CHAMPAIGN	State IL	Zip Code 61820			
Purpose of Disbursement: FIELD CONSULTING < 25% FED				Allocated Activity or Event Year-To-Date 401646.12	
Activity or Event Identifier: Administrative			Category/ Type	Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="210.00"/>			<input type="text" value="790.00"/>		<input type="text" value="1000.00"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="612.82"/>		<input type="text" value="2305.39"/>		<input type="text" value="2918.21"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

ILLINOIS REPUBLICAN PARTY

A. Full Name (Last, First, Middle Initial) WEST BEND MUTUAL INSURANCE			Transaction ID : H4.9108			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 188 W INDUSTRIAL DRIVE SUITE 430								
City ELMHURST		State IL		Zip Code 60126				
Purpose of Disbursement: LIABILITY INSURANCE				Category/ Type		Allocated Activity or Event Year-To-Date 402121.21		
Activity or Event Identifier: Administrative						Date <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="99.77"/>				<input type="text" value="375.32"/>				<input type="text" value="475.09"/>

B. Full Name (Last, First, Middle Initial) SARA KARLOVICS			Transaction ID : H4.9546			Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO BOX 7941								
City GURNEE		State IL		Zip Code 60031				
Purpose of Disbursement: FUNDRAISING CONSULTING				Category/ Type		Allocated Activity or Event Year-To-Date 12666.98		
Activity or Event Identifier: 7.11.14 Fundraising event(07/11/2014)						Date <input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text" value="34.40"/>				<input type="text" value="5.60"/>				<input type="text" value="40.00"/>

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event: <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC					
Mailing Address								
City		State		Zip Code				
Purpose of Disbursement:				Category/ Type				
Activity or Event Identifier:								
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
<input type="text"/>				<input type="text"/>				<input type="text"/>

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="134.17"/>		<input type="text" value="380.92"/>		<input type="text" value="515.09"/>

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text" value="14605.44"/>		<input type="text" value="54820.45"/>		<input type="text" value="69425.89"/>